

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 65-1052080		FILED 02 MAY '86 PM 1:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name GREAT AMERICAN CLASSICS, Inc		THANK you for your CONSIDERATION	
2. Principal Office Address 1080 S. DIXIE HWAY		3. Mailing Office Address P.O. Box 4263	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State POMPANO BEACH FLA		City & State DEERFIELD BEACH FLA	
Zip 33060	Country BRUNN	Zip 33442-4263	Country BRUNN
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 65-1052080	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent		8.75 Additional Fee required for a Certificate of Status	
Name ARLENE SIEGLE		300005556033-5	
Street Address (P.O. Box Number is Not Acceptable) 23347 1080 S. DIXIE HWAY		05/17/82 01004 027	
Suite, Apt. #, Etc.		***300.00 ***300.00	
City POMPANO BEACH FLA 33060		State FL	
		Zip Code 33060	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent		Date 4/6/86	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	ARLENE SIEGLE	23347 WATER CIRCLE	BOCA RATON FL 33486
		01-02 48R	78
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: ARLENE SIEGLE		Date 4/6/86	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 954 6477095	

CR2E081 (9/01)