

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000092467

1. Entity Name
CUSTOMS BY CLASSICS, INC



FILED

04 OCT 28 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
641 N 69 WAY
HOLLYWOOD, FL 33024

Mailing Address
641 N 69 WAY
HOLLYWOOD, FL 33024

2. Principal Place of Business
141 NW 79th TERR.

3. Mailing Address
141 NW 79th TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



10222004 REIN-P CR2E098 (6/04)

City & State
MARGATE FL.

City & State
MARGATE FL.

4. FEI Number
16-1631784

Applied For
Not Applicable

Zip
33063

Country
USA

Zip
33063

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANCINI, FRANK J
2128 HOLLYWOOD BLVD
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DIAS, RANDY S
641 N 69 WAY
HOLLYWOOD, FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500042281075
10/28/04--01093--015 **\$150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Randy S Dias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/04

Date

Daytime Phone #

10-22-04

Dear Sir or Ma'am,

As per my conversation with one of your agents via telephone I am submitting a check for 150.00 and requesting an abatement of penalty and registration fee. As I stated to your agent, I never received a U.B.R form initially and as soon as I received a dissolution warning I immediately requested the form which to this day have not received by mail. Instead the next notice I received is this letter of dissolution. Since then I have obtained the form via computer download. I would like to thank you in advance for your consideration.

Sincerely,

Randy A. De3