

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000013364**

1. Corporation Name

CLASSIC CHESS AND GAMES, INC.

Principal Place of Business

52 MAIN STREET
HACKETTETOWN NJ 07840
US

Mailing Address

52 MAIN STREET
HACKETTETOWN NJ 07840
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

02/22/1993

5. FEI Number

65-0665403

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A. Additional fee required
for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	TOMCZYK, KENNETH J	52 MAIN STREET	HACKETTETOWN NJ 07840 S
D	TOMCZYK, JOSEPH	19 INDIAN RUN RD	LONG VALLEY NJ 07853
D	TOMCZYK, JOHN	52 MAIN STREET	HACKETTETOWN NJ 07840 S
D	TOMCZYK, WILLIAM Z	52 MAIN STREET	HACKETTETOWN NJ 07840 S
D	TOMCZYK, JOSEPH JR.	19 INDIAN RUN RD	LONG VALLEY NJ 07853
D	TOMCZYK, GREGORY Z	19 INDIAN RUN RD	LONG VALLEY NJ 07853

8. Name and Address of Current Registered Agent

TOMCZYK, KENNETH J
2506 SHADY BRANCH AVE Drive
ORLANDO FL 32822

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number, Not Applicable)
Suite, Apt. #, Etc.
City
State
Zip Code

600009046436--0
-11/16/89-01101-016
****750.00 ****750.00
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Kenneth J. Tomczyk
REGISTERED AGENT MUST SIGN

Date

10/23/99

11. 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth J. Tomczyk
Kenneth J. Tomczyk

Date

10/23/99

Daytime Phone #

KE

CR20040 (Rev)