

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUL 16 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000013368(4)

1. Corporation Name

Classic Electronics, Inc.

2. Principal Office Address

2506 Shadybranch Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32822

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-22-93

5. FEI Number

65-0434498

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

1999-2001 UBR

7. Name and Address of Current Registered Agent

Name

Kenneth Tomczyk

900004547689-3

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

2506 Shadybranch Drive

08/22/01-01004-013

****458.75 ****458.75

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32822

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

REGISTERED AGENT MUST SIGN

Date

5/3/01

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
P.O.	Tomczyk, Kenneth	2506 Shadybranch Dr.	Orlando FL 32822
D	Tomczyk, Joseph		
D	Tomczyk, William		
D	Tomczyk, John		
D	Tomczyk, Gregory		

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:

Kenneth J. Tomczyk

5/4/01

908-860-6653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED01 (9/00)