

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000058155

1. Corporation Name

J.C. CLASSICS, INC.

Principal Place of Business

12201 US 19 BAYONET POINT  
BAYONET POINT FL 34667  
US

Mailing Address

12201 US 19 BAYONET POINT  
HUDSON FL 34667  
US

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

2. New Principal Office Address, If Applicable

*12201 U.S. 19 North*

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

*12201 U.S. 19 North*

Suite, Apt. #, etc.

City & State

*Bayonet Point FL*

Zip

*34667*

Country

*USA*

City & State

*Bayonet Point FL*

Zip

*34667*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

08/16/1993

5. FEI Number

59-3199042

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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
<i>Dead</i>	BELLONE, JACK D	12201 US 19 N.	BAYONET POINT FL 34667
<i>Deeg</i>	DEEG, CHARLES III	12201 US 19	BUYONAT PONT FL 34667
<i>RP</i>	BELLONES, JOANN	15010 SURREY BEND	BROOKSVILLE FL 34609

7000008940747  
11/12/02--01109--011 \*\*\*150:00

8. Name and Address of Current Registered Agent

PEEG, CHARLES W III  
12201 U.S. 19 NORTH  
BAYONET POINT FL 34667

9. Name and Address of New Registered Agent

Name *Charles Deeg*  
Street Address (P.O. Box Number is Not Acceptable)  
*12201 U.S. 19 North*  
Suite, Apt. #, Etc.

City *Bayonet Point*

State *FL* Zip Code *34667*

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. or 617.0505, F.S.

Signature of  
Registered Agent

*C. Deeg*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

*11/6/02*

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:

*C. Deeg*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*11/6/02*

*727-237-9577*

CR20040 (8/02)

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*Charles Deeg*

12201 U.S. 19 North Bayonet Point  
Fl.  
Work 727-869-7455 Cell 727-237-  
9577  
jccassinc@aol.com

November 6, 2002

Dear Friend,

*I am writing this letter to inform the Department Of State that J.C. Classics Inc. did not receive the previous UBR notices that were sent. With this letter I am sending in my check for reinstatement fee, and the proper application to be reinstated. I would like to take the time to thank you for the time spent on this matter.*

Sincerely,

*Charles Deeg*

Signature

*C. Deeg*