

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000058155

1. Entity Name
J.C. CLASSICS, INC.



FILED
08 OCT 27 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12201 US 19 NORTH
BAYONET POINT, FL 34667 US

Mailing Address
12201 US 19 NORTH
BAYONET POINT, FL 34667 US



2. Principal Place of Business - No P.O. Box #
15010 Surrey bend
Suite, Apt. #, etc.

3. Mailing Address
15010 Surrey bend
Suite, Apt. #, etc.

10132008 REIN-P CR2E098 (1/07)

City & State
Brooksville, FL 34609
Zip 34609 Country

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Brooksville, FL 34609
Zip 34609 Country

4. FEI Number
59-3199042
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEEG, CHARLES
12201 U.S. 19 NORTH
BAYONET POINT, FL 34667

7. Name and Address of New Registered Agent

Name
Joann Bellone
Street Address (P.O. Box Number is Not Acceptable)
15010 Surrey bend
City
Brooksville FL Zip Code 34609

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

Joann Bellone

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-23-08

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BELLONE, JOANN	
STREET ADDRESS	12201 US 19 NORTH	
CITY-ST-ZIP	BAYONET POINT, FL 34667	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DEEG, CHARLES III	
STREET ADDRESS	12201 US 19	
CITY-ST-ZIP	BAYONET POINT, FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joann Bellone	
STREET ADDRESS	15010 Surrey bend	
CITY-ST-ZIP	Brooksville, FL 34609	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Charles Deeg</i>	
STREET ADDRESS	<i>8400 Crystal Lake Lane</i>	
CITY-ST-ZIP	<i>Brooksville FL 34613</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Joann Bellone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joann Bellone, President

10-23-08 (352) 797-0112

Date

Daytime Phone #