

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 25 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000058075

1. Corporation Name

CLASSICARS OF PALM BEACH, INC.

2. Principal Office Address

2650 NORTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33483

Country

US

3. Mailing Office Address

18560 OCEAN MIST DR

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33498

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

8/4/1994

5. FEI Number

65-0512862

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

OFER VERED

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

18560 OCEAN MIST DR

Suite, Apt. #, Etc.

City

BOCA RATON, FL 33498

State

FL

Zip Code

33498

900013045929

02/24/03--01089--031 \*\*300.00

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 2/19/2003

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
<u>PRES</u>	<u>OFER VERED</u>	<u>18560 OCEAN MIST DR</u>	<u>BOCA RATON, FL 33498</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/19/03

Daytime Phone #

(561) 272-7253

js 2/26

# CLASSICARS OF PALM BEACH

2650 North Federal Highway Delray Beach, FL 33483

Tel.(561)272-7253 Fax(561)272-6107

February 18, 2003

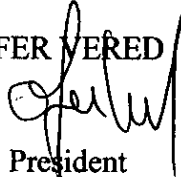
TO : Florida department of state - Division of corporations.  
FROM : Ofer Vered, president - Classicars of palm beach inc.  
RE : Document # 94000058075 - Reinstatement.

Dear sirs,

I just found out that my corporation was dissolved due to non-filing. We have not received any notices from your department in the year 2002, and for that reason, simply overlooked the annual filing issue. Classicars of palm beach inc. is still in business and I would like to reinstate the corporation status.

*I WILL APPRECIATE IT VERY MUCH IF YOU WAIVE THE LATE FEES.*

Thank you for your cooperation.

OFER VERED  
  
President