

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV 12 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000079738**

1. Corporation Name

CLASSIC MOVERS, INC.

Principal Place of Business

Mailing Address

~~10121 W SUNRISE BLVD
#222
PLANTATION FL 33322~~

~~10121 W SUNRISE BLVD
#222
PLANTATION FL 33322~~

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

REINSTATEMENT **96 ad**

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 600 three Islands #1009		Suite, Apt. #, etc. same		10/31/1994	
City & State Hallandale		City & State		5. FEI Number	
Zip 33009		Country		65-0538832	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPTS	BUSKILA, YAIR	10121 W SUNRISE BLVD #222	PLANTATION FL 33322
		600 three Islands Blvd # 1009	Hallandale Fl 33009

300002006603-9
-11/18/96--01004-023
***375.00 ***375.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SAMUEL O. WRIGHT 1000 N. WATKINS ROAD SUITE 1 PENSACOLA PINES FL 33028		Name YAIR Buskila	
		Street Address (P.O. Box Number is Not Acceptable) 600 three Islands Blvd	
		Suite, Apt. #, Etc. 1009	
		City Hallandale	
		State FL	
		Zip Code 33009	

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: **SIGNATURE REQUIRED YAIR BUSKILA** Date: **11/5/96**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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)(j), 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 REQUIRED YAIR BUSKILA 11/2/96 (954) 455-9166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*** never received form**