

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.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

600 three Islands Blvd
Hallandale

same.

City & State
Hallandale

City & State

Zip

Zip

Country

Country

REINSTATEMENT 96 ad

4. Date Incorporated or Qualified To Do Business in Florida **10/31/1994**

5. FEI Number **65-0538832**

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPTS	BUSKILA, YAIR	10121 W SUNRISE BLVD #222	PLANTATION FL 33322
		600 three Islands Blvd	Hallandale FL 33009
		# 1009	

300002006603-3
-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 D. WINTER T
1080 N. HATUS ROAD
SUITE 1
PENSACOLA 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

REGISTERED AGENT MUST SIGN

Date

11/5/96

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 (84) 455-9166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*** never received form**