

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

97 DEC 31 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000088725**

1. Corporation Name  
**CLASSIC EXPRESS, INC.**

Principal Place of Business 2331 S.W. 68TH AVE. MIRAMAR FL 33023	Mailing Address 2331 S.W. 68TH AVE. MIRAMAR FL 33023
------------------------------------------------------------------------	------------------------------------------------------------



**REINSTATEMENT** 97

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		4. Date Incorporated or Qualified To Do Business in Florida 12/07/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 57-8049363	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MCKAIN, FRANK	2331 SW 68 AVE	MIRAMAR FL 33023
V	MCKAIN, JENIVE	2331 SW 68 AVE	MIRAMAR FL 33023
S	BARNES, PALMA	2331 SW 68 AVE	MIRAMAR FL 33023
			600002391676-4 -01/06/98--01095--009 *****750.00 *****750.00
			600002391676-4 -01/06/98--01095--010 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

MCKAIN, FRANK  
2331 S.W. 68TH AVE.  
MIRAMAR FL 33023

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code FL

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 Frank McKain Date 11-30-97  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(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: Frank McKain FRANK MCKAIN 11-30-97 954-894-2618  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)