

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

96 DEC -2 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P950000 60394

1. Corporation Name  
COLLECTABLE BUSES, INCORPORATED

Principal Place of Business Mailing Address  
300 PALM Ave  
MIAMI BEACH FLA 33139

700002022747--\$  
-12/06/96--01096--025  
\*\*\*375.00 \*\*\*375.00

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable 300 PALM Ave		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 8/2/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-060422	
City & State MIAMI BEACH FLA 33139		City & State		Applied For Not Applicable	
Zip Country		Zip Country		6. CERTIFICATE OF STATUS DESIRED <input 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)

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
PRES	ERIC GRAYSON	300 PALM Ave	MIAMI BEACH FLA 33139

REINSTATEMENT 1996 12-2-96

8. Name and Address of Current Registered Agent ERIC GRAYSON 300 PALM Ave MIAMI BEACH FLA. 33139		9. Name and Address of New Registered Agent Name: ERIC GRAYSON Street Address (P.O. Box Number is Not Acceptable): 300 PALM Ave Suite, Apt. #, Etc.: City: MIAMI BEACH FLA State: FL Zip Code: 33139	
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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] Date: 10/7/96  
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] ERIC GRAYSON Date: 10/7/96 Daytime Phone #: 305-673-3383