

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

1996 OCT 28 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000074503**

1. Corporation Name

CLASSIC TRUCKS, INC.

Principal Place of Business

Mailing Address

~~1 OAK DRIVE~~
~~Ocala FL 34472~~

~~1 OAK DRIVE~~
~~Ocala FL 34472~~



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

2. New Principal Office Address, If Applicable

5 ALMOND TRAIL PLACE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5 ALMOND TRAIL PLACE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/22/1995

5. FEI Number

59 - 3335495

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

City & State

Ocala FL

City & State

Ocala FL

Zip

34472

Country

Zip

34472

Country

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	CAHILL, ROBERT B	8042 SE 40TH LANE	Ocala FL 34400
P, D	DENMARK, JAMES	19 MYL BERRY RD.	Ocala Ocala FL 34472
P, D	DENMARK, JAMES	5 ALMOND TRAIL PLACE	Ocala, FL. 34472
			900001997469--1
			11/06/96 01032 022
			***375.00 ***375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

CAHILL, ROBERT B
9 OAK DRIVE
Ocala FL 34472

9. Name and Address of New Registered Agent

Name
DENMARK JAMES
Street Address (P.O. Box Number is Not Acceptable)
5 ALMOND TRAIL PLACE
Suite, Apt. #, Etc.
City
Ocala
State
FL
Zip Code
34472

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. 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)(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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR23040 (7/96)