

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**DOCUMENT # P95000083561**

1. Corporation Name  
**THOMAS PACCONI CLASSICS, INC.**

**FILED**  
 97 NOV 20 AM 9:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>840 JUPITER PARK DRIVE          UNIT 101          JUPITER FL 33458          US</b>	Mailing Address <b>840 JUPITER PARK DRIVE          UNIT 101          JUPITER FL 33458          US</b>
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**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 <b>11/01/1995</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>65-0624381</b>
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>

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	PACCONI, THOMAS SR.	840 JUPITER PARK DRIVE UNIT 101	JUPITER FL 33458
D	PACCONI, THOMAS JR.	840 JUPITER PARK DRIVE UNIT 101	JUPITER FL 33458

5000002356815--2  
 -11/25/97-01058-015  
 \*\*\*\*750.00 \*\*\*\*750.00

*UPB*  
*11-21-97*

8. Name and Address of Current Registered Agent

**PACCONI, THOMAS SR  
 840 JUPITER PARK DRIVE  
 UNIT 101  
 JUPITER FL 33458**

9. Name and Address of New Registered Agent

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

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: *Thomas J. Pacconi* **THOMAS J. PACCONI SR.** Date: **NOVEMBER 17, 1997**  
 (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:** *Thomas J. Pacconi* **THOMAS J. PACCONI SR.** **NOVEMBER 17, 1997**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)