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 NOV -5 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97

DOCUMENT # P96000058366

1. Corporation Name
CLASSIC DISTRIBUTORS, INC.

Principal Place of Business
~~8378 BLUE CYPRESS DRIVE~~
~~LAKE WORTH FL 33467~~

Mailing Address
~~8378 BLUE CYPRESS DRIVE~~
~~LAKE WORTH FL 33467~~

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

2. New Principal Office Address, If Applicable: ~~6207 A South~~
Suite, Apt. #, etc.: 6207A South Dixie Hwy
City & State: West Palm Beach Fl.
Zip: 33405 Country: Palm Beach

3. New Mailing Office Address, If Applicable: 6207 A South Dixie Hwy
Suite, Apt. #, etc.:
City & State: West Palm Beach, Fl.
Zip: 33405 Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 07/11/1996

5. FEI Number: 65-0681699 ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $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) 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	SANCHEZ, SUSAN	8378 BLUE CYPRESS DRIVE	LAKE WORTH FL 33467

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***758.75 ***758.75

11-5-97

8. Name and Address of Current Registered Agent

SANCHEZ, SUSAN
8378 BLUE CYPRESS DRIVE
LAKE WORTH FL 33467

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, Etc
City State FL 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: Susan R. Sanchez Date 10/27/97
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: Susan R. Sanchez SUSAN R. SANCHEZ 10/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
1-800-949-6235

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