

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 30 PM 3: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000058366

1. Corporation Name

CLASSIC DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

6207A S. DIXIE HWY.
WEST PALM BEACH FL 33405

6207A S. DIXIE HWY.
WEST PALM BEACH FL 33405

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
D	SANCHEZ, SUSAN	6207A DIXIE HWY	WEST PALM BEACH FL 33467

300803460033-5
-11/09/00-01125-024
***158.75 ***158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANCHEZ, SUSAN
6207A DIXIE HWY
WEST PALM BEACH FL 33405

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
REGISTERED AGENT MUST SIGN

Date 10/13/00

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan R. Sanchez
SUSAN R. SANCHEZ
President

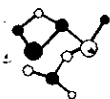
Date

Daytime Phone #

10/13/00 590-8006

KE

CR2E040 (8/00)



CLASSIC DISTRIBUTORS, INC.

*"...selling wholesale pharmaceuticals
domestically and abroad."*

2062

6207-A South Dixie Hwy
West Palm Beach, Florida 33405

Tel: 1-561-540-8006
Fax: 1-561-540-5934

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
October 26, 2000
Ref.# P 96000058366
Letter # 600A00055191

Dear Ms. Eckel:

Our company, Classic Distributors, Inc. did not receive the first notice requesting the annual report. We submitted the second notice in August with a fee of \$150.00 which you did not receive. This is why we only sent a fee of \$150.00 plus the reinstatement certificate fee of \$8.75.

We are requesting that you waive the late fee because of this unusual situation. Please find enclosed a check for \$158.75 as well as the completed reinstatement form.

Thank you for your assistance.

Respectfully yours,

Susan R. Sanchez
President