

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

98 NOV 19 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **P97000058390**

1. Corporation Name

CLASSIC PADS, INC.

Principal Place of Business

Mailing Address

848 W 18TH ST
HIALEAH FL 33010

848 W 18TH ST
HIALEAH FL 33010

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

07/03/1997

5. FEI Number

65-0347752

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GRANA, ANTHONY	848 W 18TH ST	HIALEAH FL 33010

600002701676-9
-12/03/98--01061--002
***150.00 ***150.00

W123

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRANA, ANTHONY
848 W 18TH ST
HIALEAH FL 33010

Name

Anthony Grana

Street Address (P.O. Box Number is Not Acceptable)

14732 S.W. 111 Ter.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

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

Anthony Grana **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11/12/98

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: *Anthony Grana* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/98 305 887 452
Date Daytime Phone #

CR2E240 (8/98)

Classic Pads, Inc.

Manufacturer of Quality Molded Products Made in the U.S.A.

November 13, 1998

To whom it may concern:

This letter is to inform you that this is the first notice I have received and that I am sending it as soon as possible. Prior to this notice, I did not receive any other information from you.

Thank you,



Anthony Grana, President
Classic Pads, Inc.

AG/ck

Classic Pads, Inc. • 848 West 18th Street • Hialeah, FL 33010

Office: (305) 887-1552 • Fax: (305) 887-2955