

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

bfz

APPLICATION FOR REINSTATEMENT

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

APPROVED
AND
FILED

99 FEB 12 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000061040

1. Corporation Name

CLASSIC COURIER, INC.

Principal Place of Business

Mailing Address

2139 UNIVERSITY DR. #136
CORAL SPRINGS FL 33071

2139 UNIVERSITY DR. #136
CORAL SPRINGS FL 33071



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

2. New Principal Office Address, If Applicable

CLASSIC COURIER INC

3. New Mailing Office Address, If Applicable

1005 ST. RD. #4

Suite, Apt. #, etc.

1005 ST. RD. #4 - STE 136

Suite, Apt. #, etc.

STE 136

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE, FL

Zip

33315

Country

Broward

Zip

33315

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/14/1997

5. FEI Number

65-0769827

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
DCEO	VESCE, MICHAEL J	2139 UNIVERSITY DR. #136 1005 ST. RD. #4, STE. 136 per Michael Vesce 2-12-99	CORAL SPRINGS FL 33071 FT LAUDERDALE, FL 33315
			900002778289--6 -02/17/99--01066--005 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLARKE, CHRISTOPHER J
2139 UNIVERSITY DR. #136
CORAL SPRINGS FL 33071

Name

JOE CALVO

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

1960 NW 38 TER.

Suite, Apt. #, Etc.

City

COCONUT CREEK

State

FL

Zip Code

33066

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]
REGISTERED AGENT MUST SIGN

Date

2/11/99

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:

Michael J Vesce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99

Date

954-359-3977

Daytime Phone #

CR2E040 (9/98)

20f2

Classic Courier Inc.

1005 State Rd 84 Suite 136

Ft Lauderdale FL 33315

2/11/99

To Whom it may concern,

WE NEVER RECEIVED OUR 1998 ANNUAL CORP
REPORT fee, DUE TO WRONG ADDRESS
ON FILE ENCLOSED IS A CHECK FOR
\$300.⁰⁰ FOR 1998 - 1999 FEES. I REQUEST
TO WAIVE THE PENALTY fee FOR REINSTATEMENT
fee

Yours Truly
Michael Vene