

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

11 DEC 28 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000100103

1. Corporation Name

Classical BMW Inc.

2. Principal Office Address - No P.O. Box #

2915 Jefferson Street

Suite, Apt. #, etc.

3. Mailing Office Address

2915 Jefferson Street

Suite, Apt. #, etc.

City & State

Marianna Florida

City & State

Marianna Florida

Zip

32446

Country

USA

Zip

32446

Country

USA

CR2R081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

7/1998

5. FEI Number

593484860

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Brenda Wojtysiak

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

950 Fayette Drive

Suite, Apt. #, Etc.

City

Alford

State

FL

Zip Code

32420

400215598994  
12/29/11--01001--022 \*\*750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Brenda Wojtysiak

Date 12/28/2011

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Brenda Wojtysiak	950 Fayette Drive	Alford, FL 32420

10. E-mail Address: bwojtysiak@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Brenda Wojtysiak

Brenda Wojtysiak

12/28/11

850-258-3784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #