

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000000101

**FILED**  
**Sep 26, 2014**  
**Secretary of State**

**Entity Name:** CLASSIC BUS SERVICE & REPAIRS, INC.

**Current Principal Place of Business:**

1171 SE 10TH AVE  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

1171 SE 10TH AVE  
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number:** 65-0816324

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LAPOINTE, DAVID  
1171 SE 10TH AVE  
HIALEAH, FL 33010 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** DAVID LAPOINTE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LAPOINTE, DAVID  
**Address:** 1171 SE 10TH AVENUE  
**City-St-Zip:** HIALEAH, FL 33010

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** DAVID LAPOINTE

PRES

09/26/2014

Electronic Signature of Signing Officer or Director

Date