

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000016296

1. Corporation Name

CLASSIC VENTURES, INC.

Principal Place of Business

2912 N. FLORIDA AVE.
HERNANDO FL 34333

Mailing Address

2912 N. FLORIDA AVE.
HERNANDO FL 34333

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/1998

5. FEI Number

65-0813707

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	4 City / State / Zip
P	SCOTT, THOMAS R	2912 N. FLORIDA AVE.	HERNANDO FL 34333
S	SCOTT, CAROLYN	2912 N. FLORIDA AVE.	HERNANDO FL 34333

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCOTT, THOMAS R
2912 N. FLORIDA AVE.
HERNANDO FL 34333

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

Date

10/15/99

REGISTERED AGENT MUST SIGN

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

THOMAS R. SCOTT, PRESIDENT

Date

10/15/99

Daytime Phone #

352-637-5665

CR2240 (8/99)

Cato *Classic* by Classic Ventures, Inc.

Horse Trailers

The Trailer Built By Horsemen For Horsemen
Setting the Standard for Quality in Aluminum Horse Trailers

October 15, 1999

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

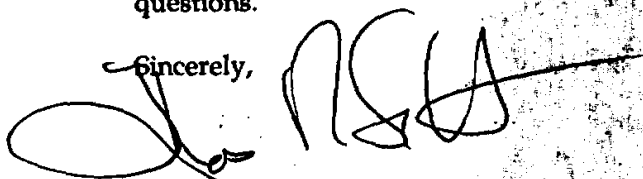
Re: Classic Ventures, Inc.
Ref. Number P98000016296

Per my telephone conversation today with Sean Toner I am enclosing an application for reinstatement for the above corporation, which includes a response to Item #5. Our payment was processed by the Department of State May 20, 1999 (copy enclosed); we never received your letter dated May 18, 1999 requesting an EIN Number.

It was my understanding from my conversation with Mr. Toner that completing this information on line 5 is all that is necessary to reinstate the above corporation.

Please contact me at the phone number or address below if you have any further questions.

Sincerely,



Thomas R. Scott
President
Classic Ventures, Inc.

TRS/sw

Encl.