

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 22 PM 3:51

DOCUMENT # P98000082322

1. Corporation Name

CLASSIC 50'S, INC.

Principal Place of Business

Mailing Address

2140 CHAPMAN WOODS PLACE
OVIEDO FL 32765

2140 CHAPMAN WOODS PLACE
OVIEDO FL 32765



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

09/23/1998

5. FEI Number

59-353542

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
D	SCHULTZ, TERRY L	2140 CHAPMAN WOODS PLACE	OVIEDO FL 32765

8. Name and Address of Current Registered Agent

SCHULTZ, TERRY L
2140 CHAPMAN WOODS PLACE
OVIEDO FL 32765

9. Name and Address of New Registered Agent

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

Terry L Schultz
REGISTERED AGENT MUST SIGN

Date 10-14-99

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:

Terry L Schultz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-14-99

Daytime Phone #

CR2ED00 (8/99)

CLASSIC 50'S, INC.
2140 CHAPMAN WOODS PLACE
OVIEDO, FL 32765
407 366-1890

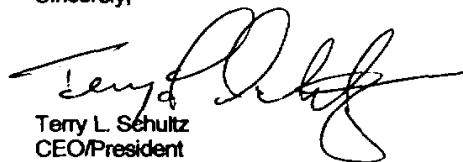
October 19, 1999

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

Dear Sir or Madam:

Enclosed are the copies of our Profit Corporation Annual Report with our FEI number 59-3535342. If you need anything else, please contact us.

Sincerely,


Terry L. Schultz
CEO/President