

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P38192

**FILED**  
**Oct 16, 2009**  
**Secretary of State**

**Entity Name:** COMPU-COPY CORPORATION

**Current Principal Place of Business:**

840 ROCK HILL AVENUE  
DAVIE, FL 33325 US

**New Principal Place of Business:**

3650 LIBERTY HILL DRIVE  
CLERMONT, FL 34711 US

**Current Mailing Address:**

840 ROCK HILL AVENUE  
DAVIE, FL 33325 US

**New Mailing Address:**

3650 LIBERTY HILL DRIVE  
CLERMONT, FL 34711 US

**FEI Number:** 65-0306528

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: DOUGLAS W. MOODY

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOODY, DOUGLAS W  
Address: 7752 FISHER ISLAND DRIVE  
City-St-Zip: MIAMI, FL 33109

Title: S ( ) Delete  
Name: MAXWELL, RODNEY J  
Address: 840 ROCKHILL AVE.  
City-St-Zip: DAVIE, FL 33325

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MOODY, DOUGLAS W  
Address: 4017 SW 156 CT  
City-St-Zip: MIAMI, FL 33185

Title: S (X) Change ( ) Addition  
Name: LAZO, DAMARIS  
Address: 3650 LIBERTY HILL DRIVE  
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DOUGLAS W. MOODY

Electronic Signature of Signing Officer or Director

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10/16/2009

Date