

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 3:05

DOCUMENT # **P95000067934**

1. Corporation Name

COPYCO, INC.

Principal Place of Business

Mailing Address

1011 SW 30TH AVENUE
DEERFIELD BEACH FL 33442
US

1011 SW 30TH AVENUE
DEERFIELD BEACH FL 33442
US

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

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida

09/01/1995

5. FEI Number

65-0605399

Applied For **SP**

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
PD	STALLER, STEVEN CORSTON, BRENT	1011 S.W. 30TH AVENUE	DEERFIELD BEACH FL 33442
VP CONTROLLER	STALLER, RICK BAKIER, EDWARD	1011 S.W. 30TH AVENUE	DEERFIELD BEACH FL 33442
VPS	THULLEN, MATTHEW	1011 SW 30 AVENUE	DEERFIELD BEACH FL 33442
D	HARDS, DENISE TAYLOR, RICK	1011 S.W. 30TH AVENUE	DEERFIELD BEACH FL 33442
D	EVERSOLE, DENNIS	1011 SW 30TH AVENUE	DEERFIELD BEACH FL 33442
V/CFD	MAYER, DAVID LANGHAM, DAN	1011 SW 30TH AVENUE	DEERFIELD BEACH FL 33442

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~C T CORPORATION SYSTEM~~
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. ~~800004658288-0~~
City ~~10/30/01-01006-019~~ State ~~FL~~ Zip ~~75875~~

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 *Barbara A. Burke*
REGISTERED AGENT MUST SIGN

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date 10-17-01

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: *Edward J. Bakier*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **EDWARD J. BAKIER** Date 10/16/01 Daytime Phone # 934/28-1300

CR2E040 (8/01)