

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF REVENUE
Sandra North
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G61321**

1. Corporation Name

Copia Business System, Inc.

FILED

97 AUG 26 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**10060 Amberwood Road, Suite #2
Fort Myers, FL 33913**

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

4. Date Incorporated or Qualified To Do Business in Florida

10-1-83

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2336284

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	Michael A. Wynne	7130 Kola Terr. #22	FT. MYERS, FL 33907
T/S	Dean E. Wynne	203 Bent Oak Lane	Woodstock, Ga. 30189

**600002279826--2
-08/28/97--01075--006
****365.00 ****365.00**

8. Name and Address of Current Registered Agent

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

Michael A. Wynne

REGISTERED AGENT MUST SIGN

Date **8-15-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

Michael A. Wynne

Michael A. Wynne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-97

Date

941-561-4827

Daytime Phone #

CR2040 (12/96)