

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# G68989

**FILED**  
**Oct 23, 2014**  
**Secretary of State**

**Entity Name:** PRECISION COPIER SERVICE, INC.

**Current Principal Place of Business:**

8103 NW 33 STREET  
DORAL, FL 33122 US

**New Principal Place of Business:**

**Current Mailing Address:**

8103 NW 33 STREET  
DORAL, FL 33122 US

**New Mailing Address:**

**FEI Number:** 38-3864713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, ROBERT  
8103 NW 33 STREET  
DORAL, FL 33122 US

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

OLIVARES, LUIS  
8103 NW 33 STREET  
DORAL, FL 33122 US

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: LUIS OLIVARES

10/23/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: OLIVARES, LUIS  
Address: 8103 NW 33 STREET  
City-St-Zip: DORAL, FL 33122

Title: DV  
Name: OLIVARES, LUIS  
Address: 8103 NW 33 STREET  
City-St-Zip: DORAL, FL 33122

Title: T  
Name: OLIVARES, LUIS  
Address: 8103 NW 33 STREET  
City-St-Zip: DORAL, FL 33122

I hereby 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 all other like empowered.

SIGNATURE: LUIS OLIVARES

PRES

10/23/2014

Electronic Signature of Signing Officer or Director

Date