

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 11 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H42788**

1. Corporation Name

ADVANCED COPY SERVICES, INC.

REINSTATEMENT **04-06**

2. Principal Office Address

155-9 Blanding Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

155-9 Blanding Blvd.
Suite, Apt. #, etc.

CR2E081 (12/05)

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

Zip

32073

Country

USA.

Zip

32073

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2501250

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RALPH HARRIS

700064504427

Street Address (P.O. Box Number is Not Acceptable)

155-9 BLANDING BOULEVARD

01/25/06--01/26--007 **1050.0

Suite, Apt. #, Etc.

City

ORANGE PARK

State

FL

Zip Code

32073

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Ralph Harris

Date **1-6-05**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	RALPH HARRIS	155-9 BLANDING BLVD	ORANGE PARK, FL 32073
UTD	GEORGE HOOD	155-9 Blanding Blvd	ORANGE PARK, FL 32073

10. 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 contained in Chapter 119, 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:

George Hood

GEORGE HOOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-6-05

Daytime Phone #

904-269-2679