PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 MAY 12 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # #K060036

1. Corporation Name ORIGINAL COPY SUPPLIES, INC.

3400 FAIRLANE FARMS RD. W. PALM BEACH, FL 33414
Principal Place of Business

Mailing Address
SAME

REINSTATEMENT 97 198 5/12/99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
3400 FAIRLANE FARMS RD.
Suite, Apt. #, etc
City & State
W. PALM BEACH, FL 33414
Zip 33414 Country US.

3. New Mailing Office Address, If Applicable
SAME
Suite, Apt. #, etc
SAME
City & State
SAME
Zip SAME Country SAME

4. Date Incorporated or Qualified To Do Business in Florida
DECEMBER 1987

5. FEI Number
65-0016636
Applied For ☐
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDENT	MARC ROSENTHAL	13805 GREENTREE TR.	W. PALM BEACH, FL 33414
VICE PRESIDENT	JANET ROSENTHAL	" " "	" " " " "
SECRETARY	JANET ROSENTHAL	" " "	" " " " "
TREASURER	MURIEL ROSENTHAL	11833 DONLIN DR.	W. PALM BEACH FL. 33414

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-05/25/99--01073--021
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

MARC ROSENTHAL
13805 GREENTREE TRAIL
W. PALM BEACH, FL 33414

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

CR2E081 (12/98)

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 [signature] Date 4/26/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
Date

(561) 790-5445
Daytime Phone #