

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 29 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800006848138--3
-08/01/02--01020--016
***1950.00 ***1950.00

REINSTATEMENT 94-02

DOCUMENT # K34090

1. Corporation Name

CALIFORNIA COPIES, INC.

2. Principal Office Address

927 N.W. 13th STREET

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

Zip

32601

Country

U.S.A.

3. Mailing Office Address

927 N.W. 13th STREET

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

Zip

32601

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

09/12/1988

5. FEI Number

592914760

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

STEVEN M. PALMER

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

927 N.W. 13th STREET

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32601

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

Date

7/25/02

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
PRESIDENT DIRECTOR	STEVEN M. PALMER	927 NW 13 th STREET	GAINESVILLE, FL 32601

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/02

Date

(352) 371-4656

Daytime Phone #