

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 20 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Copeland Properties, Inc.

L01011

REINSTATEMENT 01-03

2. Principal Office Address

4686 Sunbeam Road

3. Mailing Office Address

4686 Sunbeam Road

Suite, Apt. #, etc.

Suite 216

Suite, Apt. #, etc.

Suite 216

City & State

Jacksonville, Florida

City & State

Jacksonville

Zip

32257

Country

USA

Zip

32257

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

July 7, 1989

5. FEI Number

59-2996505

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

Daniel M. Copeland, Attorney at Law, P.A.

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

4686 Sunbeam Road

Suite, Apt. #, Etc.

Suite 216

City

Jacksonville

State
FL

Zip Code
32257

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

[Signature]

REGISTERED AGENT MUST SIGN

Date March 18, 2003

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
PD	Daniel M. Copeland	12444 Mandarin Road	Jacksonville, Florida 32223
VPD	D. Brady Copeland	10709 Orchard Walk Place West	Jacksonville, Florida 32257
SD	Sharon L. Copeland	12444 Mandarin Road	Jacksonville, Florida 32257

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 18, 2003 (904) 493-0991

Date

Daytime Phone #

CR2E01 (10/02)

3/21