

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

99 NOV -1 PM 5:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N98000000436**

1. Corporation Name

CUPIC, INC.

Principal Place of Business

Mailing Address

440 NORTH MONROE STREET
 TALLAHASSEE FL 32301

440 NORTH MONROE STREET
 TALLAHASSEE FL 32301



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/03/1993	
City & State		City & State		5. FEI Number	
Zip		Country		59-3264948	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	CLARK, DON-DAN	580 S. APPELYARD DR.	TALLAHASSEE FL 32304
D	HARRISON, MICHELLE R	STRICKLAND, SAMATHA P.O. BOX 6416, NA	TALLAHASSEE FL
D	WUTHRICH, JOANN	WOODLIEF, DEB P.O. Box 108 2916 APALACHEE PARKWAY	TALLAHASSEE FL 32302
D	HAMMOCK, AL	440 N. MONROE ST.	TALLAHASSEE FL 32301
D	BAGGETT, BRIAN	1400 E. PARK AVE.	TALLAHASSEE FL 32301

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WILLIAMS, F P 306 EAST COLLEGE AVE. TALLAHASSEE FL 32301	REINSTATEMENT Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 300003039343--0 City 11/09/99 01041--008 ***245.00 PL ***245.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent: A.P. Williams Date: 10/26/99
 REGISTERED AGENT MUST SIGN

11. 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(5)(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: Brian Baggett BRIAN BAGGETT Date: 10-26-99 Daytime Phone #: 850-444-2930
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR