

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000000 436

1. Corporation Name

CUPIC, INC.

2. Principal Office Address  
440 N. Monroe Street

3. Mailing Office Address  
P.O. Box 5198

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tallahassee, FL

City & State  
Tallahassee, FL

Zip  
32301

Country  
USA

Zip  
32314

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 1993

5. FEI Number  
593264948

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  
Al Hammock

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

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32301

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

Al Hammock

REGISTERED AGENT MUST SIGN

Date March 7 2005

**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
Chair	Al Hammock, Senior VP of Markg	Envision CU 440 N. Monroe Street	Tallahassee, FL 32301
VC	Teresa Brown, Administrative Asst.	FOCUS CU 303 E. Washington St	Chattahoochee, FL 32324
Treas.	Veronica Rojas, Marketing Specialst	Envision CU 440 N. Monroe Street	Tallahassee, FL 32301
Secrt	Dee Scott, Director of Marketing	Tall.-Leon FCU 580 S. Appleyard Dr.	Tallahassee, FL 32304

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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:

Al Hammock  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 7, 2005  
Date

850-942-9000  
Daytime Phone #

ext 1055