

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN 28 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 000 000 49004

1. Corporation Name

Digital Copier Systems, Inc.
7003 North Waterway Dr., Suite 223
Miami, FL 33155

800004882658--2

-02/06/02--01023--009

****150.00 ****150.00

2. Principal Office Address

7003 N. Waterway Dr.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 223

Suite, Apt. #, etc.

City & State

Miami, FL 33155

City & State

Zip

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-17-2000

5. FEI Number

65-1099947

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

Elizabeth J. Fernandez

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

645 Alcazar Ave.

Suite, Apt. #, Etc.

City

Coral Gables, FL

State

FL

Zip Code

33134

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

Elizabeth J. Fernandez

REGISTERED AGENT MUST SIGN

Date 1-23-2002

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
Dir.	Elizabeth J. Fernandez	645 Alcazar Ave	Coral Gables, FL 33134

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)(f), 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:

Elizabeth J. Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-23-2002 (305) 446-3410

Daytime Phone #

CR2E081 (9/01)

To the Department of State, ^{PAGE 2 of 2}

Per our conversation that I didn't receive the paperwork needed, I am enclosing 2 checks for \$150.00.

Thank you very much
for your help.
If you have any questions
please call at:
(305) 446-3410

FEI# 65-1099947

Sincerely,

Elizabeth Fernandez