

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000072024**

1. Corporation Name

**COPIERS INTERNATIONAL CORPORATION**

Principal Place of Business

Mailing Address

5191 NW 74 AVE  
MIAMI FL 33166

5191 NW 74 AVE  
MIAMI FL 33166

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/26/2000

5. FEI Number

65-1025811

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FORTE, RENE	<del>3586 SW 143 AVE</del>	<del>MIAMI FL 33024</del>
		7139 W. 19 Court	Hialeah, Fl. 33014

700024575997  
11/10/03--01116--015 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FORTE, RENE  
5191 NW 74 AVE  
MIAMI FL 33166

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*René Forte*  
REGISTERED AGENT MUST SIGN

Date 10-13/03

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(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

*René Forte*

Date

Daytime Phone #

10/13/03 786-  
331-8180

CR2EQ40 (7/03)



## COPIERS INTERNATIONAL CORPORATION

November 7, 2003

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

To Whom It May Concern;

I am submitting an application for reinstatement to maintain active status as a Corporation in the State of Florida. I failed to return the Uniform Business Report, because the notices were not received. I am sorry for the tardiness, and now that I'm aware of the deadlines, I will be more vigilant of missing notices.

Sincerely,

*Rene Forte*  
Rene Forte