PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 1. **
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P0000072024

1. Corporation Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

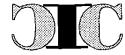
COPIERS INTERNATIONAL CORPORATION

FILED

03 NOV 10 PH 2: 14

SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Place of Business N			Mailing Addr	Mailing Address			1				
			5191 NW 74 MIAMI FL 33	11 NW 74 AVE AMI FL 33166			REINSTATEMENT 03				
If above a	addresses are	incorrect in any way, line	through incorrect in	nformation a	nd enter o	correction below.	KFINS	MELMI	CiA I	03	
				New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt. #, etc. Sui			Suite, Apt. #	Suite, Apt. #, etc.			07/26/2000 5. FEI Number Applied For				
City & State			City & State	City & State				Not Applicable			
Zip Country		Zip	Zip Countr		/	6. CERTIFICATE OF STATUS DESIR		S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer a	nd/or Director (Flo	rida nonprof	it corpora	tions must list at lea	ast 3 directors)				
Title(s)						reet Address of Each fficer and/or Director		City / State / Zip			
P	P FORTE, RENE			3586-SW-143-AVE			MIRAMATETE 33027				
				7139 W, 19 Co			et Hialeah, Fl. 330		33014		
							700024575997 11/10/0301116015 **150.00				
\ - .											
Name and Address of Current Registered Age					nt			9. Name and Address of New Registered Agent			
					Name						
FORTE 5191 I		Street Address (P.O. Box Number is Not Acceptable)						
5191 NW 74 AVE MIAMI FL 33166 Suite, Apt. #, Etc.											
						City	-		State Z	ip Code	
Signature of Registered 11. I certify this rein owed by	that I am an c statement app	flicer or director or the redication, the reason for dien have been paid and the	REGISTERED AG ceiver or trustee en assolution has been te names of individ	ENT MUST npowered to eliminated, ruals listed or	SIGN execute the corporation this form	this application as prate name satisfies ndo not qualify for	provided for in cha the requirements an exemption unc	Date	517.0505, F	ify that when filing	
on this a	ipplication is t	rue and accurate, and my	signature shall have	ve the same	iegal effe	ct as it made under	oath.				



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.

5191 N.W. 74th Avenue • Miami, Florida 33166 • Phone: 786-331-8180 • Fax: 786-331-8179 E-Mail: ciccopiers@msn.com