

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUN -9 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 00000106355

1. Corporation Name

Florida Copy Systems, Inc.

REINSTATEMENT 03.04

2. Principal Office Address

310 Brunson Blvd.

Suite, Apt. #, etc.

Suite # 103

City & State

Cocoa FL

Zip

32922

Country

Brevard

3. Mailing Office Address

310 Brunson Blvd.

Suite, Apt. #, etc.

Suite # 103

City & State

Cocoa FL 32922

Zip

32922

Country

Brevard

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

11.13.00

5. FEI Number

59.3683387

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

Brian K. Hughes

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

1110 Maikai Dr.

Suite, Apt. #, Etc.

City

Herritt Island

State

FL

Zip Code

32953

600037797296

06/09/04--01031--007 ***308.75

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

REGISTERED AGENT MUST SIGN

Date

06.04.04

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
P.	Brian K. Hughes	1110 Maikai Dr. Herritt Island FL 32953	Herritt Island FL 32953

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

321.609.2679

Daytime Phone #

CR2001 (01/04)

Florida Copy Systems

310 Brunson Blvd. Suite 103, Cocoa FL 32922

June 4, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Profit Corporation Reinstatement
Document # P00000106355
FEIN: 59-3683387

Dear Secretary of State:

Please find the enclosed check in the amount of \$308.75 for the reinstatement fee for Florida Copy Systems. The document number of the corporation is listed above for your reference. We never received the notice for late payment or that the corporation was dissolved due to non-payment. We were under the assumption that our accountant had taken care of this every year and are hereby asking that the \$600.00 late fee be waived this time and we will make sure this is taken care of from here out.

Sincerely,



Brian K. Hughes

BKH/dmh

Cocoa
321-609-COPY

email: Flacopysys@aol.com
FAX: 321-609-2687

Orlando
407-447-2260