

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC 31 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12172007 REIN-P CR2E098 (1/07)

<b>DOCUMENT # P00000110200</b> 1. Entity Name COPYFAX SVCS. CORPORATION					
Principal Place of Business 1050 NORTH MYRTLE AVE CLEARWATER, FL 33756			Mailing Address 816 FRANKLIN STREET CLEARWATER, FL 33756-5514		
2. Principal Place of Business - No P.O. Box # 1016 Golf to Bay Blvd. Suite, Apt. #, etc. E		3. Mailing Address 1016 Golf to Bay Blvd. Suite, Apt. #, etc. E			
City & State Clearwater FL		City & State Clearwater FL		4. FEI Number 59-3701194	
Country 99155		Country 33755		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  RACINE, FRITZ JR 1050 NORTH MYRTLE AVE CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Fritz Roan</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RACINE, FRITZ JR 1050 NORTH MYRTLE AVE CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Racine Fritz Jr. 1016 Golf to Bay Blvd Unit E Clearwater FL 33755	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000113521270 12/31/07--01040--006 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u><i>Fritz Roan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			12-21-07 707-461-4701 <small>Date Daytime Phone #</small>		

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