

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000110200

1. Entity Name
COPYFAX SVCS. CORPORATION



FILED

09 AUG -4 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1616 GOLF TO BAY BLVD.
UNIT E
CLEARWATER, FL 33755

Mailing Address
1616 GOLF TO BAY BLVD.
UNIT E
CLEARWATER, FL 33755

2. Principal Place of Business | No P.O. Box #
1015 Pinellas St.
Suite, Apt. #, etc.
B

3. Mailing Address
1015 Pinellas St.
Suite, Apt. #, etc.
B

City & State
Clearwater

City & State
Clearwater

Zip Country
33756 USA

Zip Country
33756 USA



REINSTATEMENT 08-09

4. FEI Number
59-3701194

5. Certificate of Status Desired ☐ \$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 Fritz Racine Jr.
Street Address (P.O. Box Number is Not Acceptable)
401 W. Lake Ave
City Clearwater FL Zip Code 33756

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 *Fritz Racine Jr.* Fritz Racine Jr. owner 7/31/09
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RACINE, FRITZ JR	
STREET ADDRESS	1616 GOLF TO BAY BLVD.	
CITY-ST-ZIP	CLEARWATER, FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fritz Racine Jr.	
STREET ADDRESS	1015 Pinellas St.	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *Fritz Racine Jr.* Fritz Racine Jr. owner 7/31/09 727-654-3331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #