

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 18 PM 12:35

DOCUMENT # P00000111109

1. Corporation Name

COPIER SOLUTION, INC.

Principal Place of Business

14012 BROGDEN CT
ORLANDO FL 32826

Mailing Address

14012 BROGDEN CT
ORLANDO FL 32826

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/2000

5. FEI Number

59-3490120

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
D	DIAZ, JOYCE	14012 BROGDEN CT	ORLANDO FL 32826
			400004662894--3 -11/01/01--01052--024 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

DIAZ, JOYCE
14012 BROGDEN CT
ORLANDO FL 32826

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Joyce Diaz
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-12-01

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:

Joyce Diaz
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-12-01

Daytime Phone #

CR2040 (8/01)

292

Copier Solution, Inc.
14012 Brogden Ct.
Orlando, FL 32826
(407) 208-9796

October 12, 2001

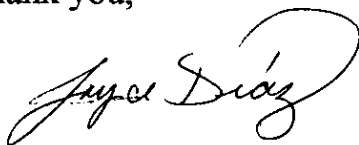
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I would like to let you know that Copier Solution, Inc. did not receive previous notices regarding the annual report/uniform business report. For that reason we are requesting to please waive the reinstatement fee.

I am enclosing 150.00, which is the amount assigned to Profit Corporations.

Thank you,



Joyce Díaz

Enclosure

Fed id # 59-3690120