


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

03 JUN -9 PM 5:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000098505  
1. Corporation Name  
ONE STOP COPY, INC.

500016218905  
04/17/03-01075-015 \*\*\*900.00

<b>2. Principal Office Address</b> 3437 North 12th Ave.		<b>3. Mailing Office Address</b> P.O. Box 2279	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pensacola, FL		City & State Pensacola, FL	
Zip 32503	Country Escambia	Zip 32513	Country Escambia

**4. Date Incorporated or Qualified To Do Business in Florida** September 20, 2001

**5. FEI Number** 03-0379882  
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  
Homer A. C. Miller

Street Address (P.O. Box Number is Not Acceptable)  
3437 North 12th Ave.

Suite, Apt. #, Etc.

City  
Pensacola

State  
**FL**

Zip Code  
32503

**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 Homer A. C. Miller Date April 7, 2003  
REGISTERED AGENT MUST SIGN

**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/D	Marlann E. Miller	3437 North 12th Ave.	Pensacola, FL 32503
V/D	Homer A. C. Miller	3437 North 12th Ave.	Pensacola, FL 32503

**REINSTATEMENT 02-03**

**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:** Marlann E. Miller Date 4/7/2003 (850) 433-6127  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Marlann E. Miller Date Daytime Phone #