

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000098505

1. Corporation Name

ONE STOP COPY, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA500016218905  
04/17/03-01075-015 \*\*\*900.00

2. Principal Office Address

3437 North 12th Ave.

3. Mailing Office Address

P.O. Box 2279

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Pensacola, FL

City &amp; 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  
FLZip 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

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Marlann E. Miller

4/7/2003

Date

(850) 433-6127

Daytime Phone #