

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS  
W0500045624

DOCUMENT # P0109911052

1. Corporation Name  
Pro-Legal Copies, Inc.

2. Principal Office Address 220 W. Garden Street	3. Mailing Office Address 220 W. Garden Street
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201
City & State Pensacola, Florida	City & State Pensacola, Florida
Zip 32502	Country 32502

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP -7 AM 11:48

REINSTATEMENT 03-05

4. Date Incorporated or Qualified  
To Do Business in Florida 11/19/01

5. FEI Number 32-0001161	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Michael R. Larson

Street Address (P.O. Box Number is Not Acceptable)  
220 W. Garden Street

Suite, Apt. #, Etc.  
Suite 201

City  
Pensacola, Florida

State  
**FL** Zip Code  
32502

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

*Michael R. Larson*

Date 8/25/05

REGISTERED AGENT MUST SIGN

CR24081 (01/05)

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
D	Michael P. Cannon	25905 Chamberlain St.	Daphne, AL 36526
D	Michael R. Larson	10151 Papas St.	Daphne, AL 36526

900059582529  
09/13/05-01061-007 \*\*450.00

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: *Michael R. Larson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/05 (850)470-9779  
Data Daytime Phone #

PJ 202



Florida Department of State  
Glenda Hood  
Secretary of State  
Division of Corporations

Re: Pro-Legal Copies  
220 W. Garden Street  
Suite 206  
Pensacola, FL 32502

P01000110522

Dear Sir or Madam:

I am writing this letter to request that Pro-Legal Copies, Inc. corporate status be reinstated. I have attached with this letter an application for reinstatement. We did not receive the annual report notice for 2003 and have not received any subsequent annual report notice forms, thus until this year we didn't realize the corporation had dissolved. Pro-Legal Copies, Inc. employs 12-15 workers, pays all sales tax and payroll taxes timely. Please give consideration and abate the reinstatement fee. We have spoken to a state rep. And was given instruction to mail this letter, the reinstatement application and \$450. For any additional information please contact Michael Larson, (850)470-9779.

Thank you for your consideration in this matter.

A handwritten signature in black ink, appearing to read "Michael R. Larson".

Michael R. Larson  
Director  
August 25, 2005  
Jan