

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -7 AM 11:48

DOCUMENT # PD1 092110522

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

Zip

32502

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/19/01

5. FEI Number

32-0001161

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

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

REGISTERED AGENT MUST SIGN

Date 8/25/05

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

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

Date

Daytime Phone #

CR2E081 (01/05)

PJ Z 02



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", with a long horizontal flourish extending to the right.

Michael R. Larson
Director
August 25, 2005
Jan