

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000064504

1. Entity Name  
SOPHIA'S PLACE INC.



Principal Place of Business  
P. O. BOX 3444  
TALLAHASSEE, FL 32315

Mailing Address  
P. O. BOX 3444  
TALLAHASSEE, FL 32315

FILED

07 OCT 19 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 2007

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COPELAND, DAVID B  
4240 RABBIT POND RD.  
TALLAHASSEE, FL 32309

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
COPELAND, DAVID B  
4240 RABBIT POND RD.  
TALLAHASSEE, FL 32309

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
600111493606  
10/30/07--01031--002 \*\*\$600.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
COPELAND, CHRIS P  
3208 ROBINHOOD RD.  
TALLAHASSEE, FL 32312

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TITLE  
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CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Chris P. Copeland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #