

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 10 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000017929**

1. Corporation Name

COPY-N-LAW, INC.

2. Principal Office Address

100 W. KENNEDY BLVD.

Suite, Apt. #, etc.

SUITE 708

City & State

TAMPA, FL

Zip

33602

Country

USA

3. Mailing Office Address

100 W. KENNEDY BLVD.

Suite, Apt. #, etc.

SUITE 708

City & State

TAMPA, FL

Zip

33602

Country

USA

REINSTATEMENT 03-04

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

1993

5. FEI Number

65-0400703

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

PATRICK L. TREON

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

100 W. KENNEDY BLVD.

Suite, Apt. #, Etc.

SUITE 708

City

TAMPA

State

FL

Zip Code

33602

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

Patrick L. Treon

REGISTERED AGENT MUST SIGN

Date

9-3-04

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
DPST	NANCY K. TREON	815 CAPRI BLVD.	TREASURE ISLAND, FL 33706
VPT	PATRICK L. TREON	815 CAPRI BLVD.	TREASURE ISLAND, FL 33706

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:

Patrick L. Treon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-3-04 813-229-9100

Daytime Phone #

CR2E081 (01/04)

292

COPY-N-LAW, Inc.
Serving the Legal Community

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FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

Re: Document # P93000017929
FEI # 65-0400703

Sept. 3, 2004

This letter will serve as request for Corporation Reinstatement and remission of the \$600.00 penalty fee. Our Attorney and Registered Agent for the involved periods has stated that his office never received the appropriate paper work or forms for filing our last two (2) Annual Reports. We can also confirm that the appropriate filing forms were never received at our business location.

Enclosed find the completed Corporation Reinstatement Form and our check number 7784 in the amount of \$308.75 covering two years at \$150.00 each and request for Certificate of Status at \$8.75.

Please accept our apology for the errors and Thank You for your considerations.

Patrick L. Treon

PATRICK L. TREON
COPY-N-LAW, Inc.