


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 AR
CORPORATION
REINSTATEMENT

 FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 30 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000017929

1. Corporation Name

COPY-N-LAW, INC.

2. Principal Office Address

312 S. ARRAWANA AVE. * SAME

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33609

Country

USA

City & State

TAMPA, FL

Zip

33609

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/9/1993

5. FEI Number

65-0400703

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

PATRICK L. TREON

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

312 S. ARRAWANA AVE.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33609

800075971908

06/08/06--01006--020 **158.75

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.

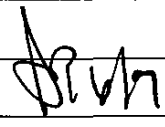
Signature of
Registered Agent

Patrick L. Treon

Date 5/22/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	NANCY K. TREON	815 CAPRI BLVD.	TREASURE ISLAND, FL 33706
VD	PATRICK L. TREON	815 CAPRI BLVD	TREASURE ISLAND FL 33706
M	RANDEL D. GABRIEL	312 S. ARRAWANA AVE	TAMPA, FL 33609
			

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 contained in Chapter 119, 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

5/8/06 813-414-9100

Date

Daytime Phone #