

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 OCT 22 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

893000049451

**1. Corporation Name**

Copv-Guy, Inc.

**2. Principal Office Address**

4800 University Drive

**3. Mailing Office Address**

1172 S. Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
#444

**City & State**

Coral Gables, FL

**City & State**

Coral Gables, FL

**Zip**

33146

**Country**

USA

**Zip**

33146

**Country**

USA

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

07/15/93

**5. FEI Number**

650424225

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**

Guy Bohmer

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

4800 University Drive

**Suite, Apt. #, Etc.**

**City**

Coral Gables

**State**  
FL

**Zip Code**  
33146

**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**

*Guy E. F. Bohmer*

REGISTERED AGENT MUST SIGN

**Date** 10/07/02

**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
President	Guy E. Bohmer	4800 University Drive	Coral Gables, FL 33146

**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:**

*Guy E. F. Bohmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

10/07/02

**Daytime Phone #**

305-866-9790

CR2E081 (9/01)

10/24/02



October 7, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: 2001/2002 Corporation Reinstatement Application  
Copy-Guy, Inc.  
FEI #: 650424225

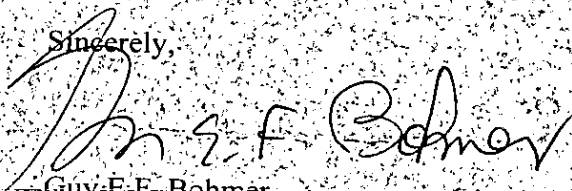
To Whom It May Concern:

Please be advised that your records indicate the incorrect address for Copy-Guy, Inc. The UBR form for 2001 and 2002 was sent to the wrong location, therefore Copy-Guy, Inc. failed to file the report.

Enclosed please find a completed "Corporation Reinstatement" form along with the \$150.00 filing fee for 2001 and \$150.00 filing fee for 2002. Please waive any and all late fees.

If you have any questions, feel free to contact me at (305) 666-3848.

Sincerely,

  
Guy E. F. Bohmer  
President

GB/my

Enclosure