

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 15 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000029329**

1. Corporation Name

C & C COPY SERVICE, INC.

Principal Place of Business

655 W 8TH ST
MEDICAL RECORDS DEPT OF UNIV MEDICAL CNTR
JACKSONVILLE FL 32209

Mailing Address

655 W 8TH ST
MEDICAL RECORDS DEPT OF UNIV MEDICAL CNTR
JACKSONVILLE FL 32209

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 40032
Jacksonville, FL
32203-0032 46A

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/1985

5. FEI Number

59-3305664

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	Ward Campbell	4255 La Losa Drive	Jacksonville, FL 32217
Sec.	Glenetta Campbell	4255 La Losa Drive	Jacksonville, FL 32217

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***375.00 ***375.00

JB118-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAMPBELL, WARD W
7072 PONCE DE LEON AVE
APT 3
JACKSONVILLE FL 32217

Name

Ward W Campbell

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

4255 LA Losa Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32217

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Ward W Campbell
REGISTERED AGENT MUST SIGN

Date 11-8-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Ward W Campbell President (CO) 11-8-96 904-757-3760
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #