

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P95000029329

1. Corporation Name

C & C COPY SERVICE, INC.

Principal Place of Business

Mailing Address

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

P.O. BOX 40032
JACKSONVILLE FL 32203-0032

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

4. Date Incorporated or Qualified To Do Business in Florida

04/13/1995

5. FEI Number

59-3305664

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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	CAMPBELL, WARD	4255 LA LOSA DRIVE	JACKSONVILLE FL 32217
S	CAMPBELL, GLENETTA	4255 LA LOSA DRIVE	JACKSONVILLE FL 32217

400002702614--1
-12/03/98 -01106-024
*****750.00 ***750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAMPBELL, WARD W
4255 LA LOSA DRIVE
JACKSONVILLE FL 32217

Name

SAME

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

12195 BASAH Dr. North

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32246

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

REQUIRED

Date **11-19-98**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-19-98

Daytime Phone #

(904)

724-3740

CR2E040 (9/98)