

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000029329**

1. Corporation Name

C & C Copy Service, Inc.

FILED

03 MAY 30 AM 7:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

02-03

2. Principal Office Address

655 West 8th Street

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32209

Country

3. Mailing Office Address

P.O. Box 16428

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32245-6428

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. Name and Address of Current Registered Agent**

Name

Campbell, Ward W.

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

12195 Basalt Dr. North

Suite, Apt. #, Etc.

City

Jacksonville

State  
FL

Zip Code  
32246

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

*Ward W Campbell* President  
REGISTERED AGENT MUST SIGN

Date

5/28/03

**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
P/D	Campbell, Ward W.	12195 Basalt Dr. North	Jacksonville, FL 32246
V/D/S/T	Campbell, Glenetta R.	12195 Basalt Dr. North	Jacksonville, FL 32246

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:

*Ward W Campbell* Ward W Campbell President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/03

Date

904-244-2475

Daytime Phone #

g.c/h