

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1042

APPLICATION FOR REINSTATEMENT

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

96 AIR

FILED

97 JAN -6 AM 9:25

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **P95000093103**

1. Corporation Name
MKB COPY GROUP, INC.

Principal Place of Business
~~1350 S HIAWASSEE RD #156~~
~~ORLANDO FL 32835~~
130 S. Orange Ave., Ste 202
Orlando, FL 32801

Mailing Address
~~1350 S HIAWASSEE RD #156~~
~~ORLANDO FL 32835~~
← Same



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

2. New Principal Office Address, If Applicable 130 S. Orange Ave. Suite, Apt. #, etc. 202 City & State Orlando, FL Zip 32801 Country USA		3. New Mailing Office Address, If Applicable 130 S. Orange Ave. Suite, Apt. #, etc. 202 City & State Orlando, FL Zip 32801 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 12/06/1995	
5. FEI Number 58-2210494		Applied For <input type="checkbox"/> Not Applicable		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	MOODY, JOHN R	3337 RIVER HEIGHTS CROSSING	MARIETTA GA 30067
D	KORAN, DAVID L	8 OAK HILL DR	NEWNAN GA 30263
D	BRASWELL, CURTIS E	1350 S HIAWASSEE RD #156	ORLANDO FL 32835
			600002052086--6 -01/03/97--01028--003 ****200.00 ****200.00

8. Name and Address of Current Registered Agent BRASWELL, CURTIS E 1350 S HIAWASSEE RD #156 ORLANDO FL 32835		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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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 **Curt Braswell** Date **12/19/96**

REGISTERED AGENT MUST SIGN

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: **Curt Braswell** **Curt Braswell** **12/19/96** **(407) 481-8100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2ED40 (7/96)

1-7-96



December 19, 1996

To Whom It May Concern:

Upon receiving a dissolution notice, I called your office and spoke with someone that told me I could be reinstated without the reinstatement fee because I never received the preliminary notice that was sent to our then principal place of business address... I've listed our new address on the application enclosed. Your representative said to include this letter with the application and the other fees, so please find this enclosed.

Thank you,

A handwritten signature in cursive script that reads "Curt Braswell".

Curt Braswell