

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 JAN -6 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000096696

1. Corporation Name  
Brickell Copy Products, Inc.

1004 - 45496

2. Principal Office Address  
550 Brickell Ave.

3. Mailing Office Address  
550 Brickell Ave.

REINSTATEMENT 03-04

Suite, Apt. #, etc.  
Suite 200

Suite, Apt. #, etc.  
Suite 200

City & State  
Miami, FL

City & State  
Miami, FL

4. Date Incorporated or Qualified  
To Do Business in Florida  
11/27/96

5. FEI Number  
65-0783376

Zip  
33131

Country  
USA

Zip  
33131

Country  
USA

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Bernardo Fort

Street Address (P.O. Box Number is Not Acceptable)  
3315 Devon Court

Suite, Apt. #, Etc.

City  
Miami.

State  
FL

Zip Code  
33133

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 *[Signature]* Date 1/3/05.

REGISTERED AGENT MUST SIGN

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
D	Bernardo Fort	3315 Devon Court	Miami, FL 33133
D	Laurinda Spear	3315 Devon Court	Miami, FL 33133

400043366614  
12/13/04--01061--006 \*\*900.00

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: *[Signature]* Date 12-6-04. Daytime Phone # 305-372-1812

CR2E081 (01/04)