

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

APPROVED
AND
FILED

1997 NOV -3 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000099357

1. Corporation Name

K.P. COPIER, INC.

Principal Place of Business

Mailing Address

**4754 GOLDEN GATE PK
NAPLES FL 34116**

**4754 GOLDEN GATE PK
NAPLES FL 34116**



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		4. Date Incorporated or Qualified To Do Business in Florida 12/09/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. PET Number 59-3417078	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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	PIERSON, KEN	4754 GOLDEN GATE PK	NAPLES FL 34116

800002340698-8
-11/06/97--01099--022
****165.00 ****165.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**PIERSON, KEN
4754 GOLDEN GATE PK
NAPLES FL 34116**

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten signature: Kenneth Pierson

10/30/97

941-352-4288

Date

Daytime Phone #

CR2ED40 (8/97)

(2)

K.P. Copier Inc.

**4754 Golden Gate Parkway
Naples, FL 34116
Phone (941) 352-4288 • Fax (941) 455-9237**

October 30, 1997

Division Of Corporations
Annual Reports/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Revocation of Corporation

To Whom it May Concern,

We are a small corporation in our first year of operation. For some reason, I did not receive any prior notices to renew our corporation status. On October 20, 1997, I received your application for reinstatement. I am sending with this letter a check in the amount of \$165.00 for Annual report fee & Corporate supplemental fee. I hope that this will resolve this matter as I was not informed of the reinstatement process.

Thank You,



Jennifer Pierson
Office Manager