

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 18 AM 10:15

DOCUMENT # P98000055747

1. Corporation Name

Copydoc Inc.

2. Principal Office Address 7750 NW 33 ST

DAVIE, FL 33024

Suite, Apt. #, etc.

3. Mailing Office Address P.O. Box 848415

Pembroke Pines, FL 33024

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33024

Country

City & State

Pembroke Pines, FL

Zip

33024

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/20/98

5. FEI Number

65-0857150

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

CLIFF RUSSELL

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

7750 NW 33 ST

Suite, Apt. #, Etc.

900003286489-5

06/13/00 01027 003

****300.00 ****300.00

City

DAVIE

State

FL

Zip Code

33024

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

Cliff Russell

REGISTERED AGENT MUST SIGN

Date 5/11/00

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
Pres	Cliff Russell	7750 NW 33 ST	DAVIE, FL 33024

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:

Cliff Russell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/00

Date

954-432-3794

Daytime Phone #

CR2E081 (9/99)