

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 13 PM 5:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S72563

1. Corporation Name

ADVANCED COPY SYSTEMS, INC.

2. Principal Office Address

13435 SW 128TH ST.

Suite, Apt. #, etc.

Suite: 105

City & State

Miami, FL

Zip

33186

Country

USA

3. Mailing Office Address

13435 SW 128TH ST

Suite, Apt. #, etc.

Suite: 105

City & State

Miami, FL

Zip

33186

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/12/1991

5. FEI Number

03-0541502

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

FRANK SERRATORE

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

13435 SW 128TH ST

Suite, Apt. #, Etc.

Suite: 105

City

Miami

State

FL

Zip Code

33186

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

Frank Serratore

REGISTERED AGENT MUST SIGN

Date

05-10-04

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
PST	Anthony Serratore	13435 SW 128TH ST SUITE 105	Miami, FL 33186
VD	Frank Serratore	13435 SW 128TH ST Suite: 105	Miami, FL 33186

500036262025  
05/13/04--01036--002 \*\*4311.75

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:

Anthony Serratore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-10-04

Date

Daytime Phone #

CR2E081 (01/04)


TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVICE THAT FOR ANY REASON WE DID NOT RECEIVE THE ANNUAL REPORT FORM SINCE 1992 TILL NOW. AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER IN THIS MATTER AND IF YOU SHOULD HAVE ANY FURTHER QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT US.

CORDIALLY,

  
\_\_\_\_\_  
ANTHONY SERRATORE  
PRESIDENT