

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 APR 27 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PA16000008028

1. Corporation Name  
Linen + Tees Express, Inc

N-9934

2. Principal Office Address <u>1141 SW 12th St.</u>		3. Mailing Office Address <u>same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Boca Raton FL</u>		City & State	
Zip <u>33486</u>	Country	Zip	Country

**REINSTATEMENT** 0300

4. Date Incorporated or Qualified To Do Business in Florida <u>1/29/96</u>	Applied For Not Applicable
5. FEI Number <u>65-0640578</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>Keri Herman</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1141 SW 12th St</u>	
Suite, Apt. #, Etc.	
City <u>Boca Raton</u>	State Zip Code <u>FL 33486</u>

~~388883249463 -2~~  
~~-05/12/00--01009--008~~  
~~\*\*\*1058.75 \*\*\*1058.75~~

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 Keri Herman Date 3/30/00  
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
Pres.	<u>Craig Herman</u>	<u>1141 SW 12 St Boca Raton FL</u> <u>33486</u>	

**KE**

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)(l), 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: Craig Herman Date 3/30/00 Daytime Phone # 954-325-1247  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)