

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

FD10000004012

1. Corporation Name

CONVENTION ALL SERVICES, INC

2. Principal Office Address

205 FAIRBANK STREET

Suite, Apt. #, etc.

City & State

ADDISON ILL

Zip

60101

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 1, 1998

5. FEI Number

36-3414902

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
03 SEP 29 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600023403416
09/29/03--01086--004 **150.00

7. Name and Address of Current Registered Agent

Name

THOMAS S CASSELL

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

318 EAGLE CREEK DRIVE

Suite, Apt. #, Etc.

City

DAVENPORT

State

FL

Zip Code

33837

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

REGISTERED AGENT MUST SIGN

Date

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	TOMAS S CASSELL	205 FAIRBANK STREET	ADDISON ILL 60101
SEC/TR	FRANK P CASSELL	1157 TABORLAKE WALK	LEXINGTON KY 40502

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:

Thomas S Cassell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-03

Date

630-543-7901

Daytime Phone #

JK 10/1

CONVENTION ALL SERVICES, INC
205 FAIRBANK STREET
ADDISON, ILLINOIS 60101
630-543-7901

September 25, 2003


Corporate Reinstatement
Dept of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399

Corporate Reinstatement,

Please waive your \$600 reinstatement fee and accept this \$150 per your recorded telephone instructions. We did not get the renewal form. Also your website data base has us listed as Convention Services, Inc. Please update your records to show us as Convention All Services, Inc.

To what address does the renewal form go and when does it usually get mailed, so we can be on the lookout for it next time and avoid this problem? Thank you.

Respectfully yours,



Thomas S Cassell
President
Convention All Services, Inc.