

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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

DOCUMENT # *FD1000004012*

1. Corporation Name  
**CONVENTION ALL SERVICES, INC**

2. Principal Office Address  
**205 FAIRBANK STREET**

Suite, Apt. #, etc.

City & State  
**ADDISON ILL**

Zip Country  
**60101 USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

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

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

**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 Zip Code  
**FL 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 \_\_\_\_\_

Date \_\_\_\_\_

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	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 #

*sh 10/1*

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

September 25, 2003

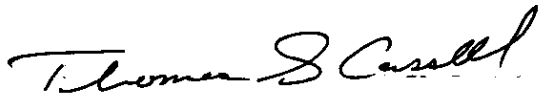
Corporate Reinstatement  
Dept of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32399

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.