

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 OCT 28 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000064292

1. Corporation Name

BAYVIEW LINEN COMPANY

2. Principal Office Address

7561 NW 16th Street

Suite, Apt. #, etc.

#2310

City & State

Plantation, FL

Zip

33313

Country

USA

3. Mailing Office Address

7561 NW 16th Street

Suite, Apt. #, etc.

#2310

City & State

Plantation, FL

Zip

33313

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/2000

5. FEI Number

651021157

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

Law Offices of Lawrence E. Blacke, P.A.

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

3326 NE 33rd Street

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33308

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

Law Blacke

Date 10/28/2003

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
P/D	John Wile	7561 NW 16th Street, #2310	Plantation, FL 33313
V/D	Warren Munroe	7561 NW 16th Street, #2310	Plantation, FL 33313
S/D	Sid Castleberry	7561 NW 16th Street, #2310	Plantation, FL 33313

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:

John Wile

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/2003

Date

954-783-0277

Daytime Phone #

jk

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : LAW OFFICES OF LAWRENCE E. BLACKE P.A.
Account Number : I19990000167
Phone : (954) 566-5070
Fax Number : (954) 561-0922

CORPORATION REINSTATEMENT

BAYVIEW LINEN COMPANY

Certificate of Status	1
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