

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 AUG 19 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000033772**

**1. Corporation Name**

L&M LINEN SERVICES INC.

**2. Principal Office Address**

1061 W. 37TH ST.

Suite, Apt. #, etc.

**City & State**

HIALEAH, FLORIDA

**Zip**

33012

**Country**

USA

**3. Mailing Office Address**

1061 W. 37TH ST.

Suite, Apt. #, etc.

**City & State**

HIALEAH, FLORIDA

**Zip**

33012

**Country**

USA

**REINSTATEMENT 03-04**

**4. Date Incorporated or Qualified  
To Do Business in Florida** 03/28/2002

**5. FEI Number**

03-0430554

☐ 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**

AIMELIZ FERNANDEZ

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

1061 W. 37TH ST.

Suite, Apt. #, Etc.

**City**

HIALEAH

**State**  
FL

**Zip Code**  
33012

500040542145

08/27/04--01003--007 \*\*\*75.00

**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**

*Aimeliz Fernandez*

REGISTERED AGENT MUST SIGN

**Date** AUGUST 18, 2004

**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
PD	AIMELIZ FERNANDEZ	1061 W. 37TH ST.	HIALEAH, FL 33012

**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:**

*Aimeliz Fernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-18-2004

Date

Daytime Phone #

CR2E081 (01/04)

202

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

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISE THAT FOR ANY REASON WE NEVER RECEIVED THE ANNUAL PAYMENT NOTICE FOR 2003 AND 2004. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY

  
AIMELIZ FERNANDEZ  
PRESIDENT