## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTÁTEMÉN



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P0200065954

1. Corporation Name

## RESORT'S LINEN SERVICES INC.

FILED

03 OCT 21 PM 2: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address							المراجعة المراجعة المراجعة والمراجعة المراجعة ال	• · · · · · · · · · · · · · · · · · · ·	
6801 FAIRVIEW ST. 6801 FAIRVI			EW ST.						
FT. MYERS FL 33912 FT. MYERS FL 33912									
					Ę	REINSTATEMENT 03			
If above addresses are incorrect in any way, line through incorrect information and enter  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable					ection below.	<u> </u>			
2. New Principal Office Address, if Applicable 5. New Iwa						4. Date Incorporated or Qualified To Do Business in Florida  06/13/2002			
Suite, Apt. #, etc. 15870-4 PINE RIDGE ROLL Suite, Apt.			- Spme ps			5. FEI Number Applied For			
City & State	NVADO FL	City & State		-			0088810	Not Applicable	
Zip 3 3°	708 Country USA	Zip		Country		6. CERTIFICAT	TE OF STATUS DESIRED	8.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and/o	or Director (Flo	rida nonprof	it corporation	s must list at lea	ıst 3 directors)			
Title(s)	Name of Officers and/or Directors 3			Street Address of Each Officer and/or Director			City / State / Zip		
D	DERHODES, MICHAEL		6801 FAH	RVIEW ST:	15870	4 Pine	FT. MYERS FL 33912	FT myers fi	
D	DERHODES, DOROTHY 6801-PAIR			RVIEW ST.,	R1062	RO.	FT <del>. MYERS FL 3391</del> 2	FI myers fi	
					15870-C	5870-4 PINE 3 HOS			
						<b>4</b> (	0023987 03-01146-003	704	
		ļ	!		, 1	10761	.40501146(I)3	**750.00	
No. of the state o						Not	2		
	8. Name and Address of Current F	legistered Age	nt			Name and	Address of New Registere	d Agent	
				l N	ame				
CARY, DAVID W				s	Street Address (P.O. Box Number is Not Acceptable)				
1325-C DEL PRADO BLVD. CAPE CORAL FL 33990				S	Suite, Apt. #, Etc.				
				C	City State Zip Code				
10. I, being Signature o Registered	appointed the registered agent of the above	ve named corpo	ration, am fa	amiliar with a	nd accept the ob	oligations of Sec			
		GISTERED AG	ENT MUST	SIGN					
	that I am an officer or director or the receiv								

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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10-14-03

Daytime Phone #