PLEASE READ ALL INSTRUCTIONS BEFORE

FILED

2007 FEB 14 PM 4:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

05-07

CR2E081 (12/05)

DOCUMENT # P04000171400

1. Corporation Name

In Room Retail Services, Inc.

2. Principal Office Address	3. Mailing Office Address
6 Golf Terrace	6 Golf Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key Largo, FL	City & State: Key Largo, FL
Zip: 33034 Country: USA	Zip: 33034 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/22/2004

5. FEI Number: 20-3073625 ☐ 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: Earl Waxman

Street Address (P.O. Box Number is Not Acceptable): 6 Golf Terrace

Suite, Apt. #, Etc.:

City: Key Largo State: FL Zip Code: 33034

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 2/13/07

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
PTSD	Earl Waxman	6 Golf Terrace	Key Largo, FL 33034

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 contained in Chapter 119, 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: _____ 9 FEB 2007 856-435-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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TKT #2940

CORPORATION REINSTATEMENT

IN ROOM RETAIL SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,050.00