

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
IN ROOM RETAIL SERVICES, INC.**


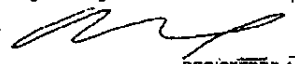
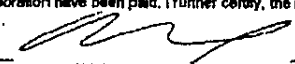
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Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		10 DEC 30 AM 10:12 FILED	
DOCUMENT # PO4000171400					
1. Corporation Name In Room Retail Services, Inc.					
2. Principal Office Address - No P.O. Box # 6 Golf Terrace <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 6 Golf Terrace <small>Suite, Apt. #, etc.</small>		4. Date Incorporated or Qualified To Do Business in Florida 12/22/2004	
City & State Key Largo, FL		City & State Key Largo, FL		5. FEI Number 20-3079625	
Zip 33034	Country USA	Zip 33034	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$9.75 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) 8 Golf Terrace					
Suite, Apt. #, Etc.					
City Key Largo, FL		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 617.0503, F.S.					
Signature of Registered Agent 				Date 12/29/10	
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	
PTD	Earl Waxman	8 Golf Terrace		Key Largo, FL 33034	
S	Gordon Munson	2 Foster Avenue		Gibbsboro, NJ 08026	
				S. HAWKES	
REINSTATEMENT 2008-10				DEC 30 2010	
				EXAMINER	
10. E-mail Address: ewaxman@harborlinen.com <small>(To be used for future annual report notification)</small>					
11. 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, I further certify, 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: 				Date 12/29/10 856-435-2000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					