

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 15 AM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P30454

1. Corporation Name

G&K Services Co.

2. Principal Office Address
5995 Opus Parkway

3. Mailing Office Address
5995 Opus Parkway

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500, ATTN Tax Dept

City & State

Minnetonka MN

City & State

Minnetonka MN

Zip

55343

Country

Hennepin

Zip

55343

Country

Hennepin

**4. Date Incorporated or Qualified
To Do Business in Florida** 8/8/1990

5. FEI Number
41-1670526

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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

300004640009 -- 0
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****750.00 ****750.00

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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 10-15-2001

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
Chairman	Richard Fink	5995 Opus Pkwy, Ste 500	Minnetonka MN 55343
President	Thomas Moberly	5995 Opus Pkwy, Ste 500	Minnetonka MN 55343
Sec/Treas	Jeffrey L. Wright	5995 Opus Pkwy, Ste 500	Minnetonka MN 55343

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jeffrey L. Wright, CEO, Secretary & Treasurer

Date

(952) 912-5779

Daytime Phone #