

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 10 PM 1:15

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P94000004169*

1. Corporation Name

Corporate Convenience Inc., ~~DBA Custom Linen Solutions~~

000029252200
02/23/04--01073--012 **908.75

REINSTATEMENT *03-04*
MRD

2. Principal Office Address
5824 Precision Drive

3. Mailing Office Address
5824 Precision Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, Florida

City & State
Orlando, Florida

Zip
32819-8319

Country
Orange

Zip
32819-8319

Country
Orange

4. Date Incorporated or Qualified
To Do Business in Florida 01/19/1994

5. FEI Number
59-3221186

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
Craig M. Mayo

Street Address (P.O. Box Number is Not Acceptable)
8013 Old Town Drive

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32819

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

REGISTERED AGENT MUST SIGN

Date

2/10/04

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
D	Craig Mayo	8013 Old Town Drive	Orlando / FL / 32819

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

Date

2/10/04

Daytime Phone #

CR2E061 (01/04)