

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
FLORIDA  
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

0000029252200  
02/23/04--01073--012 \*\*908.75

2. Principal Office Address  
5824 Precision Drive

Suite, Apt. #, etc.

City & State  
Orlando, Florida

Zip  
32819-8319

3. Mailing Office Address  
5824 Precision Drive

Suite, Apt. #, etc.

City & State  
Orlando, Florida

Zip  
32819-8319

Country  
Orange

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

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

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 *2/16/04*

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
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:

*S. Mayo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/16/04*

Daytime Phone #

CR2E081 (01/04)