PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 11 PM 3: 32

SEGNETARY OF STATE TALLAHASSEE, FLORIDA

ROYALTEX LINEN, INC.

DOCUMENT # P98000031174

1. Corporation Name

Philipai P	race of business	Maining Addi	633	•	150		•
5135 NW 165TH STREET  MIAMI, FL. 33014  SAME					7000083426075 -10/11/0201091007 ****158.75 *****158.75		
If above a	addresses are incorrect in any way, line th	rough incorrect is	nformation and enter	correction below.			
			ng Office Address, If		Date Incorporated or Qualified     To Do Business in Florida     04/06/98		
Suite, Apt.	#. etc.	Suite, Apt. #,	etc.				<del></del>
	SAME		SAME City & State			5. FEI Number Applied Applied 65-0827175 Not 40	
City & State	e	City & State				THO Applicable	
Zιμ	Country	Zip	Country	<b>/</b> ·		E OF STATUS DESIRED [\$8.75]	Additional Fee required ra Certificate of Status
7. Names	and Street Addresses of Each Officer and	/or Director (Flo	rida nonprofit corpora	tions must list at le	east 3 directors)		
Title(s)	Name of Officers and/or Directors 2	otors		eet Address of Each ficer and/or Director se Post Office Box Numbers)		City / State / Zip	
D	RAFAT BUIRAT		5135 NW	165TH ST	FREET	MIAMI, FL.	33014
D	KHALED ABDUL MA	JID	5135 NW	165TH ST	reet	MIAMI, FL.	33014
	8. Name and Address of Current	Registered Age	nt	Name	9. Name and A	Address of New Registered A	gent
F	RAFAT BUIRAT						
51	135 NW 165TH STREE	r		Street Address (	P.O. Box Number	is Not Acceptable)	
MIAMI, FL. 33014				Suite, Apt. #, Etc.			
		,		City	***************************************	State <b>FL</b>	Zip Code
10. I, being	g appointed the registered agent of the abo	ove pamer corpo	ration, am familiar wi	h and accept the o	bligations of Secti		
Signature o Registered	Agent 70 Line	EGIŞTERED AG	ENT MUST SIGN	•		Date 10/10/0	2
	is corporation owes or hangible Personal Proper			Yes K	No 🗆	(See other side on intang	
10 Londilu	that I am an officer or director or the recei	ver or trustee em	nowered to execute t	his application as r	provided for in cha	oter 607 or 617, F.S. I further or	ertify 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 EM

INTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/02

Date

305-474-0086

Daytime Phone #

282

## ROYALTEX LINEN, INC. 5135 NW 165<sup>TH</sup> STREET MIAMI, FL. 33014 (305) 620-0702

October 10, 2002

Division of Corporations Florida Dept. of State P.O. BOX 6327 Tallahassee Fl, 32314

Sir/Madam:

I would like to draw your kind attention to the fact that I never received the Uniform Business Report for this year and now my corporation is Inactive. Therefore, I'm enclosing the Application for Reinstatement of the Corporation along with a check for the amount of \$158.75 in payment for:

Reinstatement of Corporation \$150.00 Certified Copy \$8.75

Please make the necessary changes to your records and if you have any questions or concern do not hesitate to contact me at the number above.

Respectfully,

Rafat Buirat President