

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 15 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40124**

1. Corporation Name

MAC-GRAY SERVICES, INC.

200003181212--4
-03/23/00--01019--005
***900.00 ***900.00

2. Principal Office Address

22 WATER ST

Suite, Apt. #, etc.

3. Mailing Office Address

22 WATER ST

Suite, Apt. #, etc.

City & State

CAMBRIDGE MA

Zip Country

02141

City & State

CAMBRIDGE MA

Zip Country

02141

4. Date Incorporated or Qualified To Do Business in Florida

8/14/92

5. FEI Number

04-2151044

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 RD

Suite, Apt. #, Etc.

REINSTATEMENT 99-00 TS

City

PLANTATION

State

FL

Zip Code

33324

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

Lauren H. Kreatz
LAUREN H. KREATZ,
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

3/9/2000

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
P	STEWART G. MACDONALD	24 WHEELER ROAD	LINCOLN MA 01773
V	NEIL F. MACLELLAN	84 AUDUBON DRIVE	WALPOLE MA 02081
V, S, T	MICHAEL J. SHEA	79 FAIR OAKS PARK	NEEDHAM, MA 02492
D	John P. LEYON	10 HOLLYWOOD RD	WINCHESTER, MA 01890
D	EUGENE DOBETT	5 WEST CEDAR ST	BOSTON MA 02108
D	JERRY SCHILLER	PO BOX 515/7158 S. 60TH AVE EAST	NEWTON, IA 50209
D	William M. CROZIER, JR.	41 RIDGE HILL FARM RD	WELLESLEY, MA 02482

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:

M. J. Shea
MICHAEL J. SHEA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00
Date

617-492-4040
Daytime Phone #

CR2E081 (9/99)