

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 2:45

DOCUMENT # **P40124**

1. Corporation Name
MAC-GRAY SERVICES, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
REINSTATEMENT 02

Principal Place of Business
**22 WATER STREET
 CAMBRIDGE MA 02141**

Mailing Address
**22 WATER STREET
 CAMBRIDGE MA 02141**



800008977208
 11/14/02--01006--003 **750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/14/1992	
City & State		City & State		5. FEI Number	
Zip		Country		04-2151044	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CROZIER, WILLIAM M	41 RIDGE HILL FARM RD	WELLESLEY MA 02482
P	MACDONALD, STEWART G.	24 WHEELER RD	LINCOLN MA 01773
D	LEYON, JOHN P	10 HOLLYWOOD ROAD	WINCHESTER MA 01890
V	MACLELLAN, NEIL F	84 AUDUBON DRIVE	WALPOLE MA 02081
D	SCHILLER, JERRY	P.O. BOX 515	NEWTON IA 50208
VST	SHEA, MICHAEL J	79 FAIR OAKS PARK	NEEDHAM MA 02492

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: *Michael J Shea* **REGISTERED AGENT MUST SIGN**
 Date: **11.4.02**

11. 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: *Michael J Shea* **REINSTATEMENT REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MICHAEL J SHEA**
 Date: **11/1/02**
 Daytime Phone #: **617 492-4040 X310**

CR2ED40 (8/02)