

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 FEB 18 PM 2: 18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 674774

1. Corporation Name

ABC DISPENSING TECHNOLOGIES, INC.

Principal Place of Business

451 KENNEDY ROAD
 AKRON OH 44305

Mailing Address

451 KENNEDY ROAD
 AKRON OH 44305

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 09-2000

4. Date Incorporated or Qualified To Do Business in Florida

06/25/1980

SP

5. FEI Number

59-2001203

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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 | 2 | 3 | 4 |
|--------------|---|--|-------------------------------------|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| PD | STIMAC, CHARLES M JR | 451 KENNEDY RD. | AKRON OH |
| D | SHAMILLIN, WILLIAM L SHANKLIN | 1921 BASSWOOD DR | KENT OH 44240 |
| S | ALBANESE, LEE A. | ST JOHN & WAYNE | NEWARK NJ 07105 |
| D | MICHAELS, C. RANDY | 451 KENNEDY ROAD | AKRON OH Resigned |
| D | NORBERT J. LEWANDOWSKI | 451 Kennedy | AKRON OH 44305 |
| D | LUXENBURG, HERBERT L. | 451 KENNEDY ROAD | AKRON OH |
| D | VAUGHN, FRANK E. | 470-11 BENT CREEK OVAL | AURORA OH 44202 Resigned |

8. Name and Address of Current Registered Agent

BERGERON, LOUIS H
 12010 FRUITWOOD DRIVE
 RIVERVIEW FL 33569

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

5.000003161525--0

03/08/00--01014--023

***300.00 State ***300.00 Zip Code

FL

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

Signature of Agent: Louis Bergeron
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date: 1/20/2000

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 Required~~ CHARLES A. STIMAC JR 1/20/2000 330 733 2841
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #