

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 JUL 28 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**674774**

**1. Corporation Name**

ABC DISPENSING TECHNOLOGIES, INC.

**2. Principal Office Address**

9050 W. Warm Springs

**3. Mailing Office Address**

9050 W. Warm Springs

Suite, Apt. #, etc.

1136

Suite, Apt. #, etc.

1136

City & State

Las Vegas, Nv.

City & State

Las Vegas, Nv.

Zip

89148

Country

USA

Zip

89148

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/25/80

**5. FEI Number**

592001203

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for a Certificate of Status

*2002-2005 Reinst.*

**7. Name and Address of Current Registered Agent**

Name

Michael Sullivan

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

430 S. E. 3rd Pl.

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33441

**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

REGISTERED AGENT MUST SIGN

Date

07/27/05

**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
PD	Denise Sullivan	9050 W Warm Springs #1136	Las Vegas, Nv. 89148
VD	Joe Arcaro	9050 W Warm Springs #1136	Las Vegas, Nv. 89148
SD	Charles Langrill	501 E Lake Mead Pkwy 1213	Henderson, Nv. 89015

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08/03/05--01047--008/

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/27/05

Date

(702) 234-1630

Daytime Phone #

CR2E081 (01/05)