

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 NOV -2 PM 6:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L06626

1. Corporation Name

SUN CITY VENDING INC.

2. Principal Office Address

1220 NE 211 Street

Suite, Apt. #, etc.

City & State

North Miami, Florida

Zip

33179

Country

U.S.A.

3. Mailing Office Address

1220 NE 211 Street

Suite, Apt. #, etc.

City & State

North Miami, Florida

Zip

33179

Country

U.S.A.

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

08/02/89

5. FEI Number

65-0143595

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

Darrell Agrella

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

1220 NE 211 Street

Suite, Apt. #, Etc.

City

North Miami

State

FL

Zip Code

33179

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

10/25/00

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
PSD	Agrella, Darrell	1220 NE 211 Street	North Miami, FL 33179
TD	Moskos, Nancy	1220 NE 211 Street	North Miami, FL 33179

REINSTATEMENT 97-0018

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

Date

Daytime Phone #

10/25/00 305-944-4666