

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 20 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000041452

1. Corporation Name

ALTERNATIVE VENDING CONCEPTS, INC.

Principal Place of Business

3217 COLONY CLUB RD S-6
POMPANO BEACH FL 33062

Mailing Address

3217 COLONY CLUB RD S-6
POMPANO BEACH FL 33062

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

2. New Principal Office Address, If Applicable

955 Egret Circle
Suite, Apt. #, etc. B-302

3. New Mailing Office Address, If Applicable

955 Egret Circle
Suite, Apt. #, etc. B-302

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1998

5. FEI Number

65-0834006

Applied For

Not Applicable

City & State Delray Beach, FL

City & State Delray Beach, FL

Zip 33444 Country USA

Zip 33444 Country USA

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DURKAN, LISA C	3217 COLONY CLUB RD S-6	POMPANO BEACH FL 33062

300003457353-1
-11/08/00--01052--012
****150.00 ****150.00

8. Name and Address of Current Registered Agent

DURKAN, LISA
3217 COLONY CLUB RD S-6
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name Lisa Durkan
Street Address (P.O. Box Number is Not Acceptable)
955 Egret Circle
Suite, Apt. #, Etc. #B302
City Delray Beach, FL State FL Zip Code 33444

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-1-00

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-00

2052

Alternative Vending Concepts, Inc.
955 Egret Circle, #B-302
Delray Beach, FL 33444
(561) 278-3366

October 17, 00

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam,

Please find the enclosed Notice of Administration Dissolution or Revocation mailer I received on October 16, 00. I am sorry to say that this is the first notice I have received regarding the Corporation. I do not receive regular mail from your office and was unaware that I was missing the annual payment. Please accept my \$150.00 check as payment for annual certification. Alternative Vending Concepts, Inc. has only been a corporation for two years and I am unfamiliar with all the requirements associated with the new status. Please correct my address so I can receive all the proper notifications in the future.

Sincerely,



Lisa C. Durkan

Enc.

cc: [illegible]
[illegible]