

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 DEC -6 AM 11: 56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 259810

1. Corporation Name

Reliable Vending Service

W-27998

2. Principal Office Address

5511 5th Ave Stock Island

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 4007

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

Monroe

City & State

Key West, FL

Zip

33040

Country

Monroe

REINSTATEMENT

99-00

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

6-8-62

5. FEI Number:

39-0975930

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

Vicki Lockwood

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

1018 18th Terrace

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

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*****900.00 *****900.00

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/6/00

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
PD	Debra Gartenmayer	2015 Staples Ave	Key West, FL 33040
NP	Vicki Lockwood	1018 18th Terrace	Key West, FL 33040
STD	Vicki Lockwood	1018 18th Terrace	Key West, FL 33040

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] Vicki Lockwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/00 (305) 296-2488

Date

Daytime Phone #

KE

CR2081 (9/99)