
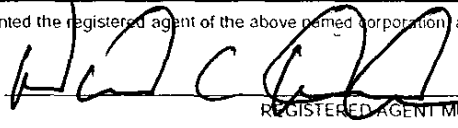
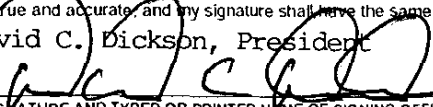


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 524765			
1. Corporation Name Louque Vending Co., Inc.			
2. Principal Office Address 2399 Byron Butler Pkwy Suite, Apt. #, etc. City & State Perry, FL Zip 32348 Country USA		3. Mailing Office Address Suite, Apt. #, etc. City & State City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 01/31/1977		5. FEI Number 59-1735157 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name David C. Dickson Street Address (P.O. Box Number is Not Acceptable) 711 N. Orange Street Suite, Apt. #, Etc. City Perry State FL Zip Code 32347			
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  Date 12/29/2003 REGISTERED AGENT MUST SIGN			
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
P/S/D	David C. Dickson	2399 Byron Butler Parkway	Perry, FL 32348
V/T/D	Wayne S. Jones	2399 Byron Butler Parkway	Perry, FL 32348
400026198034 01/06/04--01016--017 **2063.75			
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. David C. Dickson, President SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 12/29/03 Daytime Phone # (850) 223-2000			