


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION: FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # 822354

1. Corporation Name

FOLZ VENDING CO., INC.

Principal Place of Business

Mailing Address

3401 LAWSON BOULEVARD
OCEANSIDE NY 11572

3401 LAWSON BOULEVARD
OCEANSIDE NY 11572

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/1969

5. FEI Number

11-1704443

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
T	ALLEN, LAURA	3401 LAWSON BOVD.	OCEANSIDE NY 11572
DP	FOLZ, ROGER C.	3401 LAWSON BOVD.	OCEANSIDE NY 11572

700004694897--5

-11/27/01--01036--010

****150.00 ****150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STRET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

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:

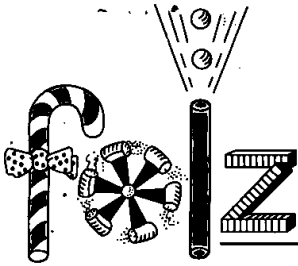
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED LAURA ALLEN 10-30-01 (516) 678-3600

CR2E040 (801)



FOLZ VENDING COMPANY, INC.

BOX 160, OCEANSIDE, NY 11572 • 3401 LAWSON BOULEVARD, OCEANSIDE, NY 11572
(516) 678-6005 FAX (516) 678-5716

October 30, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

We hereby request to have our "active" status reinstated and the fee for reinstatement waived. This corporation has been filing in a timely manner for several years, as we are sure your records will verify. However, this year we have no record of having received either first or second notice annual reports.

Please find enclosed the reinstatement form along with our check # 675 in the amount of \$150.00. We hope this will be accepted as full settlement of the fee and that our status will be reinstated.

Thank you in advance for your understanding.

Sincerely,

Roberta Geller
Assistant Controller