PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATI REINSTATEM		Se DIVISI	EPARTMENT ecretary of State ON OF CORPORA OLO O O O	ate TIONS		FILE 04 AUG -3 AM	**************************************		
DOCUMENT # 841962 1 Corporation Name : CLEVELANO COIN MICHINE EXEMPLE FAC						SECRETARY OF ALL'AHASSEE E 14 01040 025	STATE LORIDA	€ To	
2. Principal Office Address 17012 S-WATERLUU KD Suite, Apt. #, etc.		3. Mailing Office Address Sayus Suite, Apt. #, etc.			REINSTATEMENT OL-04				
City & State		City & State	City & State		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For Not Applicable				
Zip 44110	Country	Zip	Country	y	6. CERTIFICATE	OF STATUS DESIRED	0.0	السبيين	
	. The second and the second and s	7 No.	me and Address o	f Current Penictore	d Agent	amand dan sa earmenne e reservações e	32: 1945		
7. Name and Address of Current Registered Agent 4 0 0 38283534									
1200 S. PINR ISLAMO RL 06/25/040105T009 ***750.00 Suite, Apt. #, Etc. 08/04/0401048026 ***450.00									
Plantation						State Zip Code FL 3332	۲_		
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 1 - 18 - 0 4 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	s Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
CEO RANA	ROMAND A GOLD			17000 S. WATERLY Rd			CLEVELAND, OH 44110		
PRES HERM	AN FOX		17000 5	WATERLUG	- W	CLEVELAND	~ 0 14 ~ q V	กรอ 🏗	
SECH				17000 S WATERWO Rd			CLEVELAND OH 44110		
TRUAS RUNA	AS RONALD A GULD		17000 S WATERLOS Rd		rd Rd	CLEVEYAM UH MYIIO		1110	
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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 filling 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 fisted 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 OR SIGNING OFFICER OR DIRECTOR Date Date Date Daytime Phone #									