

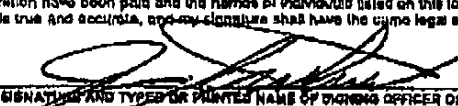
FILE No.637 03/10 '06 14:23 ID:CSC
MAR-10-2006 FRI 11:53 AM CORP SERV CO
MAR-10-2006 FRI 12:17 PM ALL SEASONS SERVICES

FAX:850 558 1515
FAX NO. 2174922793
FAX NO. 508 559 2301

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>F01000005206</u>			
1. Corporation Name <u>All Seasons Vending, Inc.</u>			
2. Principal Office Address <u>5 Campanelli Circle</u> Suite, Apt. #, Etc. <u>Suite 200</u> City & State <u>Canton, Massachusetts</u> Zip <u>02021</u> Country <u>USA</u>		3. Mailing Office Address <u>Same as</u> Suite, Apt. #, Etc. <u>principal office</u> City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida <u>August 7, 2001</u>	
		5. FEI Number <u>04-2932058</u>	
		6. CERTIFICATE OF STATUS DESIRED ☒ See Instructions for completion of this section of the form.	
7. Name and Address of Current Registered Agent			
Name <u>Corporation Service Company</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1201 Hays Street</u>			
Suite, Apt. #, Etc. 			
City <u>Tallahassee</u>		State <u>FL</u>	Zip Code <u>32301</u>
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 <u>Cynthia L. Harris</u> as its agent Date <u>3/10/06</u> REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
	<u>SEE ATTACHED LIST</u>		
10. I certify that I am an officer or director or the resolver 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 118.07(3)(X), 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: 		3/10/06 (781) 828-2345 ext. 106	
PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR <u>James L. Truslow, Secretary</u>		DATE <u>3/10/06</u> OFFICIAL PHONE #	

FILE No.637 03/10 '06 14:24 ID:CSC
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List of Officers and Directors

All Seasons Services, Inc.

Officers

Business Address

Chief Executive Officer

John Hotchin
5 Campanelli Circle -- Suite 200
Canton, MA 02021
(referred to herein as "Corporate Headquarters")

President

Mark A. Bruno
Corporate Headquarters

Chief Financial Officer

William J. Glass
Corporate Headquarters

Secretary

James L. Truslow
Corporate Headquarters

Directors

John Hotchin
Corporate Headquarters

Mark A. Bruno
Corporate Headquarters

George P. Denny, III
500 Boylston Street -- Suite 1880
Boston, MA 02116

John Denny
500 Boylston Street -- Suite 1880
Boston, MA 02116

Gary Stevens
VTI Group Limited
Level 18 -- Forsyth Barr Tower
55-65 Shortland Street, P.O. Box 2280
Auckland 1015, New Zealand