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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR 10 PM 3:20

TALL... FLORIDA

05-06

CR2E081 (8/05)

DOCUMENT # F01000005206

1. Corporation Name

All Seasons Vending, Inc.

2. Principal Office Address	3. Mailing Office Address
5 Campanelli Circle	Same as
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. principal office
City & State Canton, Massachusetts	City & State
Zip 02021 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida August 7, 2001

5. FEI Number 04-2932058 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Cynthia L. Harris as its agent Date: 3/10/06

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	SEE ATTACHED LIST		

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: James L. Truslow, Secretary 3/10/06 (781)828-2345 ext. 106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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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
Aukland 1015, New Zealand