

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN 23 AM 9:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **G91109**

1. Corporation Name

Miami-Metro Vending Corporation

Principal Place of Business

Mailing Address

1688 Meridian Avenue
Suite 203
Miami Beach, FL 33139

REINSTATEMENT

aw
90-97

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

4. Date Incorporated or Qualified To Do Business in Florida

3/15/84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0006921

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|-----------------------|
| Pres | Michael Milberg | 1688 Meridian Avenue Suite 203 | Miami Beach, FL 33139 |
| Sec | Glenna Milberg | 1688 Meridian Avenue Suite 203 | Miami Beach, FL 33139 |
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Michael Milberg
Street Address (P.O. Box Number is Not Acceptable)
1688 Meridian Avenue
Suite, Apt. #, Etc.
Suite 203
City
Miami Beach, State **FL** Zip Code **33139**

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

Michael Milberg

REGISTERED AGENT MUST SIGN

Date **6/20/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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: *Michael Milberg* **MICHAEL MILBERG PRES.** **6/20/97** **305672-0123**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12-95)