

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 11 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

AMERICAN COIN & Currency Systems, INC

2. Principal Office Address

13807 HILLS BOROUGH AVE

Suite, Apt. #, etc.

B

City & State

TAMPA, FL

Zip

33635

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 96-50

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/87

5. FEI Number

59-2834754

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALBERT J. LEO SR

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

4062 AUSTON WAY

Suite, Apt. #, Etc.

City

PALM HARBOR

State

FL

Zip Code

34685

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

Albert J. Leo Sr

REGISTERED AGENT MUST SIGN

Date 4/6/2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ALBERT J. LEO	4062 AUSTON WAY	PALM HARBOR, FL 34685
VT	BARBARA LEO	4062 AUSTON WAY	PALM HARBOR, FL 34685
JVS	AL LEO JR	15716 MUIRFIELD DR	ODESSA, FL 33556

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:

Albert J. Leo

ALBERT J. LEO

4/6/2000

727-546-4671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #