

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 JAN 21 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L06626

1. Corporation Name

SUN CITY VENDING INC.

Principal Place of Business

Mailing Address

19255 NE 10TH AVE
N MIAMI BEACH FL 33179

19255 NE 10TH AVE
N MIAMI BEACH FL 33179

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

Suite, Apt. #, etc.

1220 NE 211 Street

Suite, Apt. #, etc.

1220 NE 211 Street

City & State

North Miami, Florida

City & State

North Miami, Florida

Zip

33179

Country

Dade

Zip

33179

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/1989

5. FEI Number

65-0143595

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	AGRELLA, DARRELL	19255 NE 10TH AVE 1220 NE 211th St	N MIAMI BEACH FL
TD	MOSKOS, NANCY	19255 NE 10 AVE. 1220 NE 211th St	N. MIAMI BCH. FL

800002067928--0
-01/24/97--01079--007
***375.00 ***375.00

JB 1-21-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**AGRELLA, DARRELL
7925 NW 12 STREET
SUITE 324
MIAMI FL 33126**

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/15/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #