

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **L21790**

1. Corporation Name

Executive Vending, Inc

Principal Place of Business

**1120 Elizabeth Ave
West Palm Beach, FL
33401**

Mailing Address

**P.O. Box 2326
West Palm Beach, FL
33402**

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-6-89

5. FEI Number

59-2974107

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)

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
PO	James Gregory	1120 Elizabeth Ave	West Palm Beach, FL 33401

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-03/22/99-01146--024
***1650.00 ***1650.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

James Gregory

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

1120 Elizabeth Ave

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.06(5), F.S.

Signature of
Registered Agent

James Gregory

Date

3/10/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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 607.01(1) or 617.05(1), 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 119.04(3)(b), 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 OF REGISTERED AGENT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Gregory

3/10/99

**(561)
655-4714**