

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000079730

1. Corporation Name

NINI'S VENDING CORP.

Principal Place of Business

6835 SW 115TH STREET
MIAMI FL

Mailing Address

6835 SW 115TH STREET
MIAMI FL

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

01 DEC 24 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06/06/01 90001 015 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/2000

5. FEI Number

65-1034591

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 3	City / State / Zip 4
D	ARGUELLO, HECTOR R	6835 SW 115TH STREET	MIAMI FL

8. Name and Address of Current Registered Agent

ARGUELLO, HECTOR R
6835 SW 115TH STREET
MIAMI FL

9. Name and Address of New Registered Agent

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

Hector Arguello
REGISTERED AGENT MUST SIGN

Date 10-18-01

11. 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:

Hector Arguello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-18-01

Daytime Phone #

mw

CR2040 (8/01)

December 19, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Ms. Kathy Ashton:

As per our telephone conversation I am writing you a letter explaining what happened with the yearly payment for NINI'S Vending Corp.

I explained to you that the payment was 30 days late because I understood that the payment was for the last day of the month like most payments are and made the check for the 31st of May instead of the 1st. When you received the check, the FEI number was wrong by one digit and you sent a form for me to correct it, but at the same time you kept the check that I had mailed to you and deposited. This led me to believe that the payment was credited to my account in full for the period ending the first of May.

Enclosed please find a copy of my check front and back showing it credited to your account as of June 6th. (Account #:1009068796).

You must understand that I have a small business that is struggling to survive during this hard time. Every penny counts. I never had the intention of not paying or paying late.

The immediate reinstatement of this corporation will be greatly appreciated. Thank you very much for your cooperation in this matter. I will be waiting for your answer which I hope will be positive.

Sincerely,

Hector Arguello
President