### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE Katiferine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

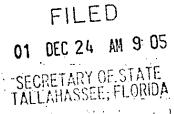
## DOCUMENT # **P00000079730**

1. Corporation Name

#### NINI'S VENDING CORP.

Principal Place of Business

Mailing Address



683: SW 115TH STREET 6835 SW MIAMI FL MIAMI FL			TH STREET					
		3. New Maili	New Mailing Office Address, If     Suite, Apt. #, etc.		06/06/01 9000 4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number 65-10 34/59/		08/23/2000  Applied For Not Applicable	
Zip	Country	Zip	Countr	у	CERTIFICATE	OF STATUS DESIRED	\$8.75 Ad for a C	Iditional Fee required ertificate of Status
7. Names	and Street Addresses of Each Officer a	and/or Director (Flo	rida nonprofit corpora	ations must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
D	ARGUELLO, HECTOR R	HECTOR R		6835 SW 115TH STREET		MIAMI FL		
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•	š						_	·
	9 Name and Address of Communication	mt Danistanud &		1	0 Name - 10			
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent     Name				
ARGUELLO, HECTOR R 6835-SW-115TH-STREET				Street Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.				
				City State Zip Code				
Signature o Registered	Agent	REGISTERED AG	Most sign			Date	-18- v	
11. I certify this rein	that I am an officer or director or the restatement application, the reason for di	ceiver or trustee en ssolution has been	powered to execute eliminated, the corpo	this application as pi rate name satisfies t	rovided for in cha the requirements	pter 607 or 617, F.S. I for of section 607.0401 or 6	urther certify 617.0401, F.	that when filing .S., that all fees

1. 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

/D-/8-0/

me

Daytime Phone #

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 31<sup>st</sup> of May instead of the the 1<sup>st</sup>. 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 6<sup>th</sup>. (Account #:1009068796).

You most 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