

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 15 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000050946**
1. Corporation Name
U.S. Vending, INC

2. Principal Office Address 11900 Biscayne Blvd Suite, Apt. #, etc. Suite 506		3. Mailing Office Address 11900 Biscayne Blvd Suite, Apt. #, etc. Suite 506	
City & State N. Miami, FL		City & State N. Miami, FL	
Zip 33181	Country USA	Zip 33181	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **May 22, 2001**

5. FEI Number 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 **Roberta Huerta** **300005022489**
11/15/02--01055--004 **150.00

Street Address (P.O. Box Number is Not Acceptable) **11900 Biscayne Blvd**

Suite, Apt. #, Etc. **Suite 506**

City **N. Miami** State **FL** Zip Code **33181**

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 Date **11/7/02**

REGISTERED AGENT MUST SIGN

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
PSTD	Robert Huerta	11900 Biscayne Blvd	N. Miami, FL 33181

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: Date **11/7/02** (305)892-0590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/01)

gr 11/20

U.S. VENDING, INC.

11900 Biscayne Boulevard, Suite 506
North Miami, Florida 33181

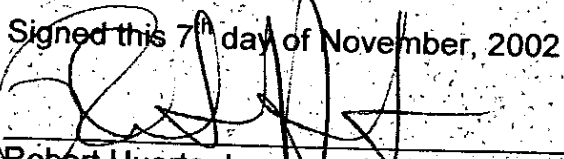
Secretary of State:

Dear Sir / Madam and all others concerned:

I am writing this letter on behalf of U.S. Vending, Inc. Enclosed is the reinstatement form for the business. Also enclosed is a money order in the amount of \$150.00. This amount for a waiver of reinstatement fees because we never received notification for application for annual report of the corporation. Our previous address 633 N.E. 167th St., N. Miami Beach, FL 33162 was valid until September of this year (2002). Please use our new address indicated above.

Thanking you in advance for your timely consideration in this matter.

Signed this 7th day of November, 2002


Robert Huerta, Incorporator