

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000100589

1. Corporation Name

Brother's Vending, Inc

2. Principal Office Address - No P.O. Box #

1602 Alton Rd.

Suite, Apt. #, etc.

14

City & State

miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

1602 Alton Rd.

Suite, Apt. #, etc.

14

City & State

miami Beach, FL

Zip

33139

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10-17-2001

5. FEI Number

051145240

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

Manuel E. Diaz JR.

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

4010 SW 152 Place

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33185



The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1-27-10

**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
PS	Diaz, Manuel JR	4010 SW 152 Place	miami, FL 33185
VP	Bezanilla, David	1182 SW 144 Ct.	miami, FL 33184

REINSTATEMENT

RH

10. E-mail Address: brothersvending@hotmail.com

(To be used for future annual report notification)

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. I further certify, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-10

Date

316514650

Daytime Phone #

FILED

10 JAN 29 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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