

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10P2

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 03 APR 30 AM 11:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000100589

1. Corporation Name

BROTHERS VENDING INC.

2. Principal Office Address

1182 SW 144 COURT

Suite, Apt. #, etc.

City & State

MIAMI-FL

Zip

33184

Country

DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10-17-2001

5. FEI Number

65-1145246

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

LOUIS F. CAST

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

4905 NW 79 AVENUE

Suite, Apt. #, Etc.

SUITE #9

City

MIAMI-FLORIDA

State

FL

Zip Code

33166

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

4-29-03

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
P+S	MANUEL E. DIAZ JR	1182 SW 144 CT	MIAMI-FL 33184
V.P.	DAVID BEZANILLA	1182 SW 144 CT	MIAMI-FL 33184
T	DULCE DIAZ	1182 SW 144 CT	MIAMI-FL 33184

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL E. DIAZ JR - President

4-29-03 (30) 573-P388

Date

Daytime Phone #

CR2081 (9/01)

6

2012

APRIL 29, 2003

BROTHERS VENDING, INC.
65-1145246
P 01000100589


FLORIDA DEPT OF REVENUE
TALLAHASSEE, FLORIDA ~~XXXX~~ 32399

DEAR SIR :

AS PER TELEPHONE CONVERSATION PLEASE NOTE THAT WE DID NOT RECEIVE ANY
FORMS FROM YOU AND WERE UNABLE TO SEND SAME ON TIME. KINDLY WAIVE ANY
PENALTY FOR THIS TIME.

WE ARE ENCLOSING THE REQUIRED \$300.00 FEE TO REINSTATE SAID CORPORATI
-ON .

THANK YOU


MANUEL E. DIAZ, JR. PRESIDENT

CC: FILE