

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -3 PM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000057532

1. Corporation Name

Cavender Vending Company

2. Principal Office Address
1737 Shoreline Drive

Suite, Apt. #, etc.

City & State
Leesburg, Florida

Zip Country
34748 USA

3. Mailing Office Address
P.O. Box 492722

Suite, Apt. #, etc.

City & State
Leesburg, Florida

Zip Country
34749-2722 USA

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-23-02

5. FEI Number

04-3677115

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
Charles D. Johnson

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

Suite, Apt. #, Etc.

City
Leesburg

State Zip Code
FL 34748

200035260662
05/03/04--01053--019 **600 00

200035260662
05/03/04--01053--020 **300 00

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

REGISTERED AGENT MUST SIGN

Date 4-29-04

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
PST	Tina Cavender	1737 Shoreline Drive	Leesburg, FL 34748

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:

Tina Cavender

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

267-0291

Daytime Phone #

CR2E081 (01/04)

5