

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000072688

1. Corporation Name

COIN ROUTE OPERATION, INC.

Principal Place of Business

Mailing Address

305 SHERMAN AVENUE
PANAMA CITY FL 32401

305 SHERMAN AVENUE
PANAMA CITY FL 32401

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/2002

5. FEI Number

59-3100652

Applied For

Not Applicable

6. ☐ CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	Willard Clewis	305 SHERMAN AVE	PANAMA CITY, FL 32401
S/T	John Clewis	305 Sherman Ave.	PANAMA CITY, FL 32401
			400030941624 04/09/04--01001--007 **150.00
			400030941624 03/23/04--01095--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LORD, SHANNON C
LEDMAN & HAMM, P.A.
1007 JENKS AVENUE
PANAMA CITY FL 32401

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/16/04

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 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

Date

Daytime Phone #

(850) 763-9833

FILED

04 APR -2 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

CR2E040 (7/03)

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Coin Route Operations, Inc.

305 Sherman Avenue

Panama City, FL 32401

Phone: 850-763-9833

Fax: 850-763-0908

November 10, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Reference attached application for reinstatement for Coin Route Operations, Inc. as required to waive penalty fees, this letter is written as notification that Coin Route Operations, Inc. did not receive the two prior UBR notices as stated in the reinstatement form, Document #P02000072688.

Enclosed please find our application for reinstatement with applicable fees as required.

Thank you.

Sincerely,


Willard Clewis
President