

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000072688

**1. Corporation Name**

Coin Route Operations, Inc.

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

305 Sherman Avenue

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32401

Country

USA

**3. Mailing Office Address**

305 Sherman Avenue

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32401

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Shannon Lord

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

29 East 5th Street

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

**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 July 30, 2009

**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
Pres	John W. Clewis	5000 Sharon Drive	Panama City, FL 32404
VP	Elton Register	5000 Sharon Drive	Panama City, FL 32404
Sec/Treas	John L. Clewis	9320 Sandragrace Road	Panama City, FL 32409

**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 contained in Chapter 119, 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:

JOHN W. CLEWIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 30, 2009

Date

(850) 763-9833

Daytime Phone #

FILED

09 JUL 30 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600159121516  
07/31/09--01039--005 \*\*450.00

REINSTATEMENT

07-09

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

July 3, 2002

**5. FEI Number**

04-3695820

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

8/3/09