PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E Hood Secretary of State

DIVISION OF CORPORATIONS

P02000112235 **DOCUMENT #**

1. Corporation Name

GEORGE'S VENDING, INC.

Principal Place of Business

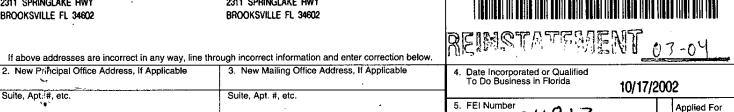
Mailing Address

2311 SPRINGLAKE HWY **BROOKSVILLE FL 34602** 2311 SPRINGLAKE HWY

FILED

04 FEB 12 PM 1:40

SECRETARY OF STATE TALLAHASSEE FLORIDA



Suite, Apt.!#, etc. City & State			Suite, Apt. #, etc.				10, 11, 2002		
			Gano, i pii ii,			5. FEI Number	Applied For		
			City & State	City & State		05-0	541813 Applied For Not Applicate		
Zip Country Zip		Zip	Country		-6. CERTIFICATE	S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer a	nd/or Director (Flo	rida nonprofit	corporations must list	at least 3 directors)	1700		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PD	HOWELL, GOERGE W			2311 SPRINGLAKE HWY			BROOKSVILLE FL 34602		
VD	HOWELL,	HOWELL, MARTHA J			NĞLAKE HWY		BROOKSVILLE FL 34602		
					r1114	00 /	00248567 3-01045-010	DD **750.00	
						00	00248567		
						D17.534	9401059018	**15U.UU	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
HOWELL, MARTHA J 2311 SPRINGLAKE HWY					_	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
BROOKSVILLE FL 34602						•			

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

REGISTERED AGENT MUST SIGN

State Zip Code

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 filling 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:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR