

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -4 AM 8:00

DOCUMENT # PO 2000112374

1. Corporation Name

Handicraft Vending, Inc

2. Principal Office Address

P. O. Box 136663

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 136663

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

Zip

34713

Country

Lake

Zip

34713

Country

Lake

7. Name and Address of Current Registered Agent

Name

Robert W. Booth

MRS

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

106 BAYSWATER LANE

Suite, Apt. #, Etc.

City

Davenport

State

FL

Zip Code

33897

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

Date

12/02/03

CR2E081 (10/02)

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	Robert W. Booth	106 BAYSWATER Ln	Davenport, FL 33897
V.P	Christina Booth	106 BAYSWATER Ln	Davenport, FL 33897

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)(l), 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:

ROBERT W. BOOTH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/02/03

863  
424 6257

Date

Daytime Phone #