PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN'



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000115174

1. Corporation Name

VEND AMERICA, INC.

Principal Place of Business

Mailing Address

802 N 31ST ROAD HOLLYWOOD FL 33021 802 N 31ST ROAD HOLLYWOOD FL 33021



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SECRETARY OF STATE
REINSTATE VIEW 2008

D	D ZICCARDI, BARBARA			802 N 31ST ROAD			HOI	HOLLYWOOD FL 33021			
D	STANGLE,	FREDRIC		802 N 3	IST ROAD	D HOLLYWOOD FL 33021					
Title(s)	Name of Officers and/or Directors			3	Street Address of Each Officer and/or Director		City / St		City / State / Zip	tate / Zip	
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flo	rida nonpro	fit corporations must list a	t leas	t 3 directors)				
Zip Country Brown		Zip Country				6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status					
City & State			City & State			L	16-1636582			Not Applicable	
Plantition, FL 33317 City & State			Manhation, F-33317				5. FEI Number			Applied For	
Suite. Ant.	#. etc	ot steelt	_5320 Sw 10+ Steet Suite, Apt. #, etc.			_	To Do Business in Florida 10/25/2002				
				New Mailing Office Address, If Applicable			Date Incorporated or Qualified				
If above	addresses are	incorrect in any way, line thr	ough incorrect i	nformation a	and enter correction below	,		22379 0-83010-) 50.00 _	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent				
WOLFE, LAWRENCE H 2514 HOLLYWOOD BLVD SUITE 508 HOLLYWOOD FL 33020	Name Field Stangle Street Address (P.O. Box Number is Not Acceptable) 5320 Sw 10th Street Suite, Apt. #, Etc. 11 An whom 52 33377				
(City State 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 _ TURE REQUIRED
REDISTERED AGENT MUST SIGN

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 AND TYPED OF RRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03

10/14/03--01059--015

Daytime Phone #

CR2E040 (7/03)

Vend America, Inc.



802 N. 31st Road Hollywood, FL 33021 (954) 270-8911

October 10, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir:

I am writing to have my corporation, Vend America, Inc. reinstated. I never received my annual report form and subsequently did not pay the appropriate annual fee. We moved in early February of 2003, and it is possible that all of our mail was never forwarded to our new address. Again, I apologize and ask that our corporation be reinstated.

If you have any questions, please feel free to call me at (954) 270-8911.

Sincerely,

Fred Stangle President

P.S. Our new address is:

Vend America, Inc. - 5320 SW-10th Street

Plantation, FL 33317