

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 21 PM 3:33

REINSTATEMENT 05



10102005 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P03000041999</b> 1. Entity Name <b>QUALITY VEND SERVICES, INC.</b>			
Principal Place of Business: <b>2242 Fairglenn Way Winter Park, FL 32792</b>		Mailing Address <b>2242 Fairglenn Way Winter Park, FL 32792</b>	
2. Principal Place of Business <b>2242 Fairglenn Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>2242 Fairglenn Way</b> Suite, Apt. #, etc.	
City & State <b>Winter Park, FL</b>		City & State <b>Winter Park, FL</b>	
Zip <b>32792</b>		Zip <b>32792</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>42-1593278</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>KOLLER, DANE</b>  <b>2242 Fairglenn Way Winter Park, FL 32792</b>	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
--	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jane Koller, Dane Koller, P 10-18-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KOLLER, DANE</b> <input type="checkbox"/> Delete <b>2242 Fairglenn Way Winter Park, FL 32792</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KOLLER, KELLY</b> <input type="checkbox"/> Delete <b>2242 Fairglenn Way Winter Park, FL 32792</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>100060857801</b> <b>10/21/05--01038--004 **158.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kelly Koller Kelly Koller 10-18-05 407-673-0058  
Signature and typed or printed name of signing officer or director Date Daytime Phone #