

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)

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

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KOLLER, DANE 2242 Fairglenn Way Winter Park, FL 32792	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

FILE NOW!!! FEE IS \$150.00 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.
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete KOLLER, DANE
NAME	KOLLER, DANE
STREET ADDRESS	2242 Fairglenn Way
CITY-ST-ZIP	Winter Park, FL 32792
TITLE	VP <input type="checkbox"/> Delete KOLLER, KELLY
NAME	KOLLER, KELLY
STREET ADDRESS	2242 Fairglenn Way
CITY-ST-ZIP	Winter Park, FL 32792
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100060857801
CITY-ST-ZIP	10/21/05--01038--004 **158.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #