


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000140787</b> 1. Entity Name YOUR CHOICE VENDING SERVICE, INC.						<b>FILED</b> <b>06 OCT 17 AM 11:33</b> CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 168 BAREFOOT COVE HYPOLUXO, FL 33462				Mailing Address 168 BAREFOOT COVE HYPOLUXO, FL 33462			
2. Principal Place of Business <i>9947 Cross Pine Ct.</i>				3. Mailing Address <i>9947 Cross Pine Ct.</i>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State <i>Lake Worth, FL.</i>				City & State <i>Lake Worth, FL.</i>			
Zip <i>33467</i>				Zip <i>33467</i>			
Country <i>Palm Beach</i>				Country <i>Palm Beach</i>			
4. FEI Number <i>59-3824636</i>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCGIVERON, KATHLEEN 2121 COLLIER AVE. LAKE WORTH, FL 33462				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Kathleen Cooke McGiverson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>10/11/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D <input type="checkbox"/> Delete MCGIVERON, KATHLEEN 2121 COLLIER AVE. LAKE WORTH, FL 33461				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200080932032</b> <b>10/18/06--01005--009 **150.00</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Kathleen Cooke McGiverson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <i>10/11/06</i> 561-582-1351 <small>Date Daytime Phone #</small>			