

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000094518

1. Entity Name
RB VENDING, INC.



FILED

07 OCT -5 AM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7692 SW 157 CT.
MIAMI, FL 33193

Mailing Address
7692 SW 157 CT.
MIAMI, FL 33193



2. Principal Place of Business - No P.O. Box

3. Mailing Address

1944 SE 24TH AVE.

1944 SE 24TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10032007

REIN-P

CR2E098 (1/07)

07

City & State

City & State

HOMESTEAD, FL

HOMESTEAD, FL

4. FEI Number

20-5287318

Applied For

Not Applicable

Zip

Country

Zip

Country

33035

33035

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALERIO, RAFAEL
7692 SW 157 CT.
MIAMI, FL 33193

Name
VALE R I O RAFAEL

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

1944 SE 24TH AVE.

City
HOMESTEAD

FL

Zip Code

33035

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: Rafael Valerio

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/03/07

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, 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
P
VALERIO, RAFAEL
7692 SW 157 CT.
MIAMI, FL 33193

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ADT VALERIO RA
1944 SE 24TH AVE.
HOMESTEAD, FL 33035

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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200111088992
10/22/07--01013--008 **158.75

☐ Change

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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: Rafael Valerio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/03/07

Day

Daytime Phone #