

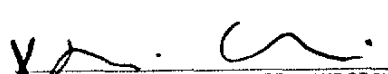


1.10.11

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<b>APPROVED AND FILED</b>  97 MAY 13 PM 12:58  SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
<b>DOCUMENT #</b> P930000012450																																	
1. Corporation Name M.A. Vending, Inc.																																	
<del>W47000004218</del>																																	
Principal Place of Business		Mailing Address																															
1787 N.W. 79th Avenue Miami, Florida 33126																																	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.																																	
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/17/92																													
City & State		City & State		5. FEI Number																													
Zip		Country		65-0396285																													
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For Not Applicable																													
				S9 75 Additional Fee required for a Certificate of Status																													
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>1. Title(s)</th><th>2. Name of Officers and/or Directors</th><th>3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th><th>4. City / State / Zip</th></tr></thead><tbody><tr><td>P</td><td>Michael Abecassis</td><td>1787 N.W. 79th Avenue Miami, Florida 33126</td><td>Miami, Florida 33126</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip	P	Michael Abecassis	1787 N.W. 79th Avenue Miami, Florida 33126	Miami, Florida 33126																				
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<div>300002178443--1 -05/14/97--01086--009 ****913.75 ****913.75 300002178443--1 -05/14/97--01086--010 ****175.00 ****175.00</div>																																	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent																														
Michael Abecassis 1010 N.E. 170th Terrace North Miami Beach, Florida 33162			Name Arthur F. McCormick, Esquire Street Address (P.O. Box Number is not Acceptable) 7550 S.W. 57th Avenue Suite, Apt. #, Etc. Suite 203 City South Miami, State FL Zip Code 33143																														
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.																																	
Signature of Registered Agent  Date 2/12/97																																	
REGISTERED AGENT MUST SIGN																																	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)																																	
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:  2-11-97 (305) 599-0085																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	