


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000014664			
1. Corporation Name ALL AMERICAN VENDING GROUP, INC.			
2. Principal Office Address 1000 W. McNab Road		3. Mailing Office Address ✗	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State POMPAHO BEACH, FL		City & State ✗	
Zip 33069	Country USA	Zip ✗	Country
4. Date Incorporated or Qualified To Do Business in Florida 600004720876--8 -12/12/01--01063--008 ***1000.75 ***1000.75		5. FEI Number 59-436892-5	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name LEE BRADSHAW			
Street Address (P.O. Box Number is Not Acceptable) 3571 NW 122 AVENUE			
Suite, Apt. #, Etc.			
City SUNRISE		State FL	Zip Code 33323
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent L Bradshaw		Date 11-15-01	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	LEE BRADSHAW	3571 NW 122 AVE	SUNRISE, FL, 33323
10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: L Bradshaw		Date 11-15-01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2001 (8/00)