

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

132

DOCUMENT # P93000014664

FILED

02 OCT 31 AM 9: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name

ALL AMERICAN VENDING GROUP, INC.

Principal Place of Business

1000 N. MCNAB RD.  
POMPANO BEACH FL 33069

Mailing Address

1000 N. MCNAB RD.  
POMPANO BEACH FL 33069



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/26/1993

5. FEI Number

59-4368925

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BRADSHAW, LEE	3571 N.W. 122 AVE.	SUNRISE FL 33323

700008715287  
10/31/02--01011--002 \*\*150.00

8. Name and Address of Current Registered Agent

BRADSHAW, LEE  
3571 N.W. 122 AVE.  
SUNRISE FL 33323

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CFR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED  
*Lee Bradshaw*

REGISTERED AGENT MUST SIGN

Date

10.29.02

11. 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:

SIGNATURE REQUIRED  
*Lee Bradshaw*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.29.02

Date

954-946 1666

Daytime Phone #



# All American Vending Group, Inc.

1000 W. McNab Road  
Pompano Beach, FL33069  
Toll Free: 1.800.309.1699  
Tel: (954) 941.2756 Fax: (954)942.9777

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10/28/2002

To whom this may concern: we are in shock and total surprise as we have just received a "NOTICE OF ADMINISTRATIVE DISSOLUTION".

This is an official letter to inform the state, that we have not received any prior UBR notices.

We have filled the information in that is required and submitted a cheque for \$150, I do hope this is the correct procedure. Please call me immedietly if this is not correct. I thankyou.

Sincerely,

President,  
Lee Bradshaw