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# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JUL 19 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000031255	
1. Entity Name COIN OPERATED, INC.	

Principal Place of Business 3501 INVERARY BLVD. SUITE 810 LAUDERHILL, FL 33319 US	Mailing Address P.O. BOX 848054 FT. LAUDERDALE, FL 33310-8063 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 848054
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pembroke Pines FL	City & State Pembroke Pines FL
Zip 33084-0054	Zip 33084-0054
Country	Country



REINSTATEMENT

6. Name and Address of Current Registered Agent WILKES, JOHN P 150 N. FEDERAL HWY. SUITE 200 FORT LAUDERDALE, FL 33301	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$900.00		
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D MC SHANE, CALVIN G 3501 INVERARY BLVD. LAUDERHILL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300106407683 07/19/07--01050--006 **300.00
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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: Calvin G. McShane CALVIN G. MC SHANE 7-14-2007 954-3037127  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20f2

COIN OPERATED, INC.  
P. O. BOX 848054  
PEMBROKE PINES FL. 33084-0054

7/14/2007

Dear Sir,

On July 4, 2007 I was completing my account journal for year 2006, and could not find a entry, or a canceled check from Coin Operated, Inc., in the amount of \$150.00 for the Corporate Annual Report, State of Florida. Realizing then, that there were two years in question, not one. Next day July 5, I called the Division of Corporations, the person who took my call said that they had received back from the US Post Office three undelivered Notices, of CORPORATION ANNUAL REPORT. The Mailing Address was changed, but the city and zipcode did not get changed, this causing the problem. This person advised me to explain this, and also to complete the form enclosed, to include a check for the two years @ \$150.00 each, for both 2006-2007 total of \$300.00 check #0097, and also to PLEASE WAIVE the Reinstatement fee.

THANK YOU,

Calvin G. McShane Pres.

*Calvin G. McShane Pres.*