

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 DEC -3 PM 5:07

DOCUMENT # **P93000075518**

1. Corporation Name
CAPCO VENDING, INC.

Principal Place of Business Mailing Address

~~1700 N.E. 63RD COURT
 FT. LAUDERDALE FL 33334~~ ~~1700 N.E. 63RD COURT
 FT. LAUDERDALE FL 33334~~



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

2. New Principal Office Address, If Applicable
311 S.E. 5th AVENUE

3. New Mailing Office Address, If Applicable
311 S.E. 5th AVENUE

City & State **POMPANO BEACH, FL.** City & State **POMPANO BEACH, FL.**

Zip **33060** Country **USA** Zip **33060** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida
10/25/1993

5. FEI Number **65-0438719** 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	NEWMARK, ALLEN J ALAN	1700 N.E. 63RD COURT 311 S.E. 5th AVENUE	FT. LAUDERDALE FL 33334 POMPANO BEACH, FL. 33060
V	NEWMARK, BARBARA C	1700 NE 63 CT 311 S.E. 5th AVENUE	FORT LAUDERDALE FL 33334 POMPANO BEACH, FL. 33060

400004719534--8
 -12/11/01--01080--016
 *****150.00 *****150.00

8. Name and Address of Current Registered Agent

ALAN
NEWMARK, ALLEN J
1700 N.E. 63RD COURT
FT. LAUDERDALE FL 33334

311 S.E. 5th AVENUE
POMPANO BEACH, FL. 33060

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 _____

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 **11-27-01**

REGISTERED AGENT MUST SIGN

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: _____ **BARBARA C. NEWMARK** **11-27-01** **954-788-3476**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D daytime Phone #

CR2E040 (8/01)

CAPCO VENDING, INC.

311 S.E. 5th Avenue, Pompano Beach, FL. 33060

November 27, 2001

FL Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document # P93000075518

To Whom It May Concern,

We never received the forms to maintain active status, and just recently received the Notice of Dissolution because of the change of address of the corporation. I phoned and was told that in fact the forms had been returned to you by mail.

Per your instructions I have enclosed the form for reinstatement with the necessary changes and the fee of \$150.00.

Please return Capco Vending, Inc. to active status.

Thank you.

Sincerely,



Barbara Newmark
Vice President