

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **730.00**

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000003443

1. Corporation Name

MIRACLE VENDING USA, INC.

Principal Place of Business

**3301 CORAL WAY
BOX #45
MIAMI FL 33145**

Mailing Address

**3301 CORAL WAY
BOX #45
MIAMI FL 33145**

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

01/06/1994

5. FEI Number

65-0461761

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	KAY, ANTHONY D	7451 SW 133RD ST	MIAMI FL
D	AMOILS, DENNIS M	3301 CORAL WAY, BOX #45	MIAMI FL 33145

400002352454-5
-11/19/97-01103-022
******585.00 ****585.00**

REINSTATEMENT

(97)
A. Alan
11/17/97

8. Name and Address of Current Registered Agent

**KAY, ANTHONY
3301 CORAL WAY
BOX #45
MIAMI FL 33145**

9. Name and Address of New Registered Agent

Name

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

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10-28-1997**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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]
ANTHONY D. KAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/97
Date
(305) 441-2021
Daytime Phone #