

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Andrew B. Cram
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 SEP -1 AM 11:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *994 000018235*
 1. Corporation Name
ALEXANDERS VENDING, INC

Principal Place of Business Mailing Address
1754 NW 39th St 1754 NW 39th St
OCEAN PIKE, FL 33309 OCEAN PIKE, FL
33309

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida <i>3/9/94</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <i>65-0492575</i>	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
<i>p/s</i>	<i>CINTIA SHIRLEY</i>	<i>1754 NW 39th St OCEAN PIKE, FL 33309</i>	<i>OCEAN PIKE, FL 33309</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<i>CINTIA SHIRLEY 1754 NW 39th St OCEAN PIKE, FL 33309</i>		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 *Cintia Shirley* REGISTERED AGENT MUST SIGN Date _____

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: *Cintia Shirley* *CINTIA SHIRLEY*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CDE2040 (1/98)

Division of Corporations
P.O. BOX 6327
Tallahassee FL 32314

Per instructions from Division Of Corporations, I am attaching a check in the amount of \$315.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation ALEXANDERS VENDING, INC.

Thank you for your courtesy in this matter.


CINTIA SHIRLEY
President