

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000016233

1. Corporation Name

COMMERCIAL VENDING, INC.

Principal Place of Business

Mailing Address

14856 S.W. 132 Ave. Miami, FL 33186

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

2. New Principal Office Address, If Applicable

14856 S.W. 132 Ave.

Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

14856 S.W. 132 Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

Dade

Zip

33186

Country

Dade

REINSTATEMENT

96-97

mwb

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

2/24/95

5. FEI Number

65-0562490

Applied For

Not Applicable

8. 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Dir/Pres	Alexander P. Becerra	14856 S.W. 132 Ave	Miami, FL 33186
Sec/Trea			

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****923.75 ****923.75

8. Name and Address of Current Registered Agent

Norman S. Weider, Esq.
100 S.E. 2nd Street
Suite 3910
Miami, FL 33131

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 appointee

Signature of Registered Agent

N. Weider

corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Alexander P. Becerra, President

4/2/97 (305) 252-7412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #