

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 12 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000016233

1. Corporation Name

COMMERCIAL VENDING, INC.

2. Principal Office Address

14856 S.W. 132 Avenue

3. Mailing Office Address

14856 S.W. 132 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33186

Country

Miami-Dade

Zip

33186

Country

Miami-Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

2/24/95

5. FEI Number

650562490

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

NORMAN S. WEIDER, ESQ.

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

100 S.E. 2nd Street

Suite, Apt. #, Etc.

Suite 3950

City

Miami

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	Alexander P. Becerra	14856 S.W. 132 Avenue	Miami, FL 33186

10. 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:

Alexander P. Becerra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03

Date

786-271-0404

Daytime Phone #

CR2E081 (10/02)

Page 2

Law Offices  
**Norman S. Weider**  
Suite 3950  
Bank of America at International Place  
100 Southeast 2nd Street  
Miami, Florida 33131-2112  
Telephone: (305) 371-6338  
Fax: (305) 371-7808

October 22, 2003

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

**Re: Application for Reinstatement of  
COMMERCIAL VENDING, INC.**

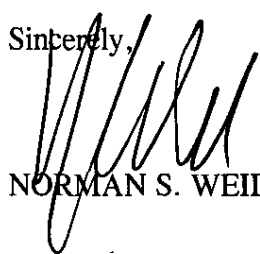
Dear Sir/Madam:

We are enclosing herewith an Application for Reinstatement of COMMERCIAL VENDING, INC. together with a check payable to the Florida Department of State in the amount of \$1,050.00 to cover the reinstatement fee.

Please note your records to reflect the correct address as shown in the enclosed Application, since the reason the company was dissolved was because the Annual Reports were never received by the Company because they were mailed to the old address.

If you have any questions regarding this matter, please call me immediately. Thank you for your prompt attention to the foregoing.

Sincerely,



NORMAN S. WEIDER, ESQ.

NSW:dc  
Enclosures