

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 26 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 095000034579

1. Corporation Name

Riteway Vending Inc.

2. Principal Office Address

1013 NW 31st Ave

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33069

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/98

5. FEI Number

65-058-2946

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300023368213
09/26/03--01079--014 **150.00

7. Name and Address of Current Registered Agent

Name

Neal Gardner

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

2795 Kensington Circle

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33332

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

Neal Gardner

REGISTERED AGENT MUST SIGN

Date 9/24/03

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
Pres -	John Basile	10876 NW 77th Ter	Parkland, FL 33076
VP	Neal Gardner	2795 Kensington Circle	Weston FL 33332

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:

Neal Gardner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/03 (754) 264-5036

Date

Daytime Phone #

CR2E081 (10/02)

9/25

Rite Way Vending

**Contractors Business Park
1013 NW 31st Avenue
Pompano Beach, FL 33069**

Telephone (954) 969-9933
Fax Line (954) 389-4097

September 24, 2003

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

Dear Sir or Madam,

I was told to complete the enclosed form and send you the \$150 fee for reinstatement because my company moved last year and we never received the form for the annual report. The old address was:

6761 West Sunrise Blvd.
Plantation, FL 33313

And the new address is:

1013 NW 31st Avenue
Pompano Beach, FL 33069

Thank you for your attention to this matter and I am sorry for any inconvenience to the State.

Very Truly Yours,



Neal Gardner
VP