

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000041961

**FILED**  
**Jan 13, 2005**  
**Secretary of State**

**Entity Name:** AMERICARD DISPENSING CORPORATION

**Current Principal Place of Business:**

11900 BISCAYNE BLVD. #250  
250  
MIAMI, FL 33181

**New Principal Place of Business:**

324 HOLIDAY DRIVE  
HALLANDALE, FL 33009

**Current Mailing Address:**

11900 BISCAYNE BLVD. #250  
250  
MIAMI, FL 33181

**New Mailing Address:**

324 HOLIDAY DRIVE  
HALLANDALE, FL 33009

**FEI Number:** 65-0697211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSENBURG, ROSS P.A.  
9100 S. DADELAND BLVD  
ONE DATRAN CENTER., STE 910  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

SHEVIN, GOODMAN  
324 HOLIDAY DRIVE  
HALLANDALE, FL 33009 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHEVIN GOODMAN

01/13/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: GOODMAN, SHEVIN M  
Address: 324 HOLIDAY DRIVE  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEVIN GOODMAN

P

01/13/2005

Electronic Signature of Signing Officer or Director

Date