

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
'FOR'
REINSTATEMENT



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

AND
FILED

SEP 23 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/04/96--01049--012
***383.75 ***383.75

DOCUMENT # ~~PA2500000264~~ PA5000053094

1. Corporation Name
MEGA VENDING, INC.

Principal Place of Business Mailing Address - SAME
1200 BISCAYNE BLVD #509
No. MIAMI, FL 33181

REINSTATEMENT 96cw

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 Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 7-11-95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0599177	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
Pres/D	BARRY L. GOODMAN	1200 BISCAYNE BLVD #509 At Miami, FL 33181	No. MIAMI, FL 33181

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
		Name BARRY L. GOODMAN			
		Street Address (P.O. Box Number is Not Acceptable) 1200 BISCAYNE BLVD #509			
		Suite, Apt. #, Etc. 509			
		City No. MIAMI		State FL	Zip Code 33181

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 Date 9-18-96
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: BARRY GOODMAN, PRESIDENT Date 9-18-96 Dwayne Phone # 305 892-2525