

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 14 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000022156

1. Corporation Name

VENDTEL, INC.

Principal Place of Business

2112 CYPRESS BEND DR
STE 502
POMPANO BCH FL 33069
US

Mailing Address

212 CYPRESS BEND DR-S
STE 502
POMPANO BCH FL 33069
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1996

5. FEI Number

65-0652811

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT 99-00

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	KIERNAN TOM	2112 CYPRESS BEND DR S STE 502	PAMPANO BCH FL 33069

9000002130099--0
02/09/00 01099 012
****908.75 ****908.75

8. Name and Address of Current Registered Agent

BRAVERMAN, STEVEN D
8751 W BROWARD BLVD STE 206
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name THOMAS KIERNAN
Street Address (P.O. Box Number is Not Acceptable) 2112 Cypress Bend Dr. So.
Suite, Apt. #, Etc. #502
City POMPANO BEACH FL 33069

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

THOMAS KIERNAN
REGISTERED AGENT MUST SIGN

Date 1/12/00

11. 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:

THOMAS KIERNAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00 800-337-6590
Date Daytime Phone #

CR2E040 (8/99)