

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 27 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000026896

1. Corporation Name

AMERICAN VISTA VENDING, INC.

Principal Place of Business

11145 167TH PLACE NORTH
JUPITER FL 33478

Mailing Address

11145 167TH PLACE NORTH
JUPITER FL 33478

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 Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/21/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0607321	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 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	4. City / State / Zip
VD	EBERSOLE, DENNIS L	11145 167TH PLACE NORTH	JUPITER FL 33478
VTD	EBERSOLE, PEGGY B	11145 167TH PLACE NORTH	JUPITER FL 33478
VD	KELEHER, J. MICHAEL	6234 HICKAM STREET	LANTANA FL 33460
VSD	KELEHER, MARYLOU	6234 HICKAM STREET	LANTANA FL 33460
			400003040254--5
			-11/09/99--01089--009
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EBERSOLE, DENNIS L 11145 167TH PLACE NORTH JUPITER FL 33478	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State
	Zip Code

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 [Signature] Date 10/25/99

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis L. EBERSOLE

Date

Daytime Phone #

10/25-99

2

Nov 3 1999

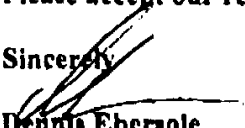
Department Of State
Tallahassee Fl

Re: Reinstatement of Corp.

This is to confirm that we had sent a our corporation renewal forms in on April 1st 1999 along with check # 3235 for \$150.00. This check as of this date has not cleared our bank and the only way we found out about was someone was checking our incorporation in October 1999 and advise us we had been dissolved Sept 1999.

Please accept our reinstatement and waiver of late fees and penalties .

Sincerely,


Dennis Ebersole
American Vista Vending Inc
11145 167th Pl N
Jupiter Fl 33478