

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P96000069877

1. Corporation Name
ADVANCED VENDING SYSTEMS, INC.

FILED

97 DEC 22 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7061 GRAND NATIONAL DRIVE SUITE 107G ORLANDO FL 32819	Mailing Address 7061 GRAND NATIONAL DRIVE SUITE 107G ORLANDO FL 32819
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97

2. New Principal Office Address, If Applicable 7111 GRAND NATIONAL DRIVE		3. New Mailing Office Address, If Applicable 7111 GRAND NATIONAL DRIVE		4. Date Incorporated or Qualified To Do Business in Florida 08/19/1996	
Suite, Apt. #, etc. SUITE 106		Suite, Apt. #, etc. SUITE 106		5. FEI Number 59-3403546	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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
D-P	CICOTTI, BRIAN C	7061 GRAND NATIONAL DRIVE SUITE 106 7111	ORLANDO FL 32819
D-V	Bruce G KELLY	7111 GRAND NATIONAL DRIVE SUITE 106	ORLANDO, FL 32819

100002383941-7
-12/26/97--01113--015
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BALLETTA, JAMES 215 NORTH EOLA DRIVE ORLANDO FL 32801	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State FL 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: **Dec 17, 1997**
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)

12. 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]* Date: **12-6-97** Daytime Phone #: **407-248-2255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2040 (8/97)