

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000047699**

1. Corporation Name

**WORLD CLASS VENDING, INC.**

Principal Place of Business

14460 60TH STREET NORTH  
CLEARWATER FL 33760  
US

Mailing Address

P.O. BOX 6136  
PALM HARBOR FL 34684  
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

**05/20/1997**

5. FEI Number

**59-3447336**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**



**REINSTATEMENT**

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
D	GARBER, JOAN	468 KLOSTERMAN ROAD	PALM HARBOR FL 34683
ST	GALANT, DENISE	468 KLOSTERMAN RD	PALM HARBOR FL 34683

**900024573819**  
**11/10/03--01112--007 \*\*150.00**

8. Name and Address of Current Registered Agent

GARBER, JOAN  
468 KLOSTERMAN RD  
PALM HARBOR FL 34683

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Joan Garber*

REGISTERED AGENT MUST SIGN

Date **11-4-03**

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:

*Joan Garber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-4-03**

Date

**727  
9398570**

Daytime Phone #

CR2E040 (7/03)

**WORLD CLASS VENDING INC.  
P.O. BOX 6136  
PALM HARBOR, FL 34684  
727-939-8570**

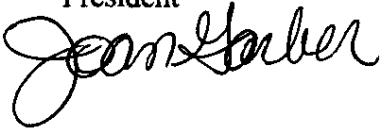
November 3, 2003

To whom it may concern,

I am requesting that the late fee for the 2003 corporation annual report/uniform business report be waived this is the first notice that I received, and I have never been late in the past seven years that I have had the company.

~~Enclosed is the form and a check for \$150.00, if there is anyway that this can be accepted~~  
and made as payment in full I will be very grateful. If you need to reach me the phone # is 727-939-8570.

Thank you  
Joan Garber  
President

A handwritten signature in cursive script, appearing to read "Joan Garber", is written over the typed name and title.