

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 DEC 23 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000096217**

**1. Corporation Name**

**84 Vending, Inc.**

**2. Principal Office Address**

**1441 SW 12 Ave. # F**

Suite, Apt. #, etc.

**# F**

City & State

**Pompano Beach, FL**

Zip  
**33069**

Country

**USA**

**3. Mailing Office Address**

**1441 SW 12th Ave.**

Suite, Apt. #, etc.

**# F**

City & State

**Pompano Beach, FL**

Zip  
**33069**

Country

**USA**

**REINSTATEMENT**

**04**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**12/12/97**

**5. FEI Number**

**59-3489569**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

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

**7. Name and Address of Current Registered Agent**

Name

**Joseph Grandello**

Street Address (P.O. Box Number is Not Acceptable)

**1441 SW 12 Avenue # F**

Suite, Apt. #, Etc.

City

**Pompano Beach**

State  
**FL**

Zip Code

**33069**

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

**Joseph Grandello**

REGISTERED AGENT MUST SIGN

Date

**12/14/04**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<b>D</b>	<b>Joseph Grandello</b>	<b>1441 SW 12 Avenue # F</b>	<b>Pompano Beach, FL 33069</b>
<b>TS</b>	<b>ETTORE CASINO</b>	<b>7201 NW 68 Ave</b>	<b>TAMARAC FL 33321</b>

**600043673346**  
**12/28/04--01039--008 \*\*150.00**

**DR 12/23**

**10. 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

Date

**12/14/04**

Daytime Phone #

CR2E081 (01/04)

**Allyson L. Valenzuela**  
**8022 NW 72<sup>nd</sup> Street**  
**Tamarac, Florida 33321**  
**Telephone: (954) 722-8087**  
**Fax: (954) 724-9579**

**November 29, 2004**

**Florida Department of State**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, Florida 32314**

**RE: 84 VENDING, INC.**  
**DOCUMENT #: P97000096217**

**Sir or Madam:**

**I am writing this letter in response to your notice of dissolution, which states that the above entity failed to file their 2004 annual report.**

**Please be advised that the above referenced entity never received the forms necessary to file the UBR report and does not have computer capabilities.**

**Please waive the late filing penalty and mail a duplicate UBR form so that the corporation can be reinstated.**

**Regards,**

  
**Allyson Valenzuela**