

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P98000047542**

1. Corporation Name

**OTVOS VENDING CO.**

FILED

01 JAN 17 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

~~786 FANTASY LANE~~  
~~CHULUOTA FL 32766-9700~~

~~786 FANTASY LANE~~  
~~CHULUOTA FL 32766-9700~~



**REINSTATEMENT**

*2000*

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

05/27/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1010 ELMWOOD ST.**

**1010 ELMWOOD ST.**

City & State

City & State

**ORLANDO, FL.**

**ORLANDO, FL.**

Zip

Country

**32801-4033**

**USA**

Zip

Country

**32801-4033**

**USA**

5. FEI Number

**59-3519368**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	<del>OTVOS, CHRISTIAN O.</del>	<del>786 FANTASY LANE</del>	<del>CHULUOTA FL 32766</del>
P	<b>OTVOS, CHRISTIAN O.</b>	<b>1010 ELMWOOD ST.</b>	<b>ORLANDO, FL. 32801-4033</b>

000003582850-8  
-01/26/01--01159--006  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**OTVOS, CHRISTIAN**  
**786 FANTASY LANE**  
**CHULUOTA FL 32766-9700**

Name

**CHRISTIAN OTVOS**

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

**1010 ELMWOOD ST.**

Suite, Apt. #, Etc.

City

**ORLANDO**

State

**FL**

Zip Code

**32801-4033**

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 REQUIRED**

REGISTERED AGENT MUST SIGN

Date **January 11, 2001**

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)(l), 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.

**KE**

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**January 11, 2001**  
Date

**(407) 228-6462**  
Daytime Phone #

CR2E040 (8/00)