PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 27 AM 9:18

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000054020

1. Corporation Name
VEND-RITE, INC.

700040000 12133

REINSTATEMENT 02-04

6/13/03 01023 008 300.00

2. Principal Office Address
99 GODDARD DRIVE
Suite, Apt. #, etc.
City & State
DEBARY, FL
Zip 32713 Country US

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 06/08/98

5. FEI Number
59-3516291
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Name
PETER FERRENTINO

700031073187
03/24/04--01042--003 **150.00

Street Address (P.O. Box Number is Not Acceptable)
99 GODDARD DRIVE
Suite, Apt. #, Etc.
City
DEBARY
State FL Zip Code 32713-2747

8. 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 ______ Date ______
REGISTERED AGENT MUST SIGN

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
P/D	PAULA OUTZEN-FERRENTINO	99 GODDARD DRIVE	DEBARY FL 32713
SEC/D	Peter FERRENTINO	99 GODDARD DRIVE	DEBARY, FL 32713

REINSTATEMENT 02-04

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: Paula Outzen Ferrentino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/27 AW