

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION OF REINSTATEMENT

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

DOCUMENT # **P99000014869**

1. Corporation Name
FUNTASTIC VENDING, INC.

Principal Place of Business Mailing Address

14947 SOUTHWEST 15TH STREET 14947 SOUTHWEST 15TH STREET
 PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **02/16/1999**

5. FEI Number **65-0894248**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	BODMAN, L R	14947 SOUTHWEST 15TH STREET	PEMBROKE PINES FL 33027
VTD	MENTON-BODMAN, FRANCES	14947 SOUTHWEST 15TH STREET	PEMBROKE PINES FL 33027

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 10/31

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State Zip Code
 FL

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 **10/11/01**

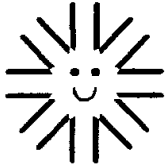
REGISTERED AGENT MUST SIGN

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: *[Signature]* **L. Richard Bodman** Date **OCT. 11 2001** Daytime Phone # **954 805-5181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (8/01)



FUNTASTIC VENDING, Inc.

14947 SW 15 th Street
Pembroke Pines, Fl. 33027
(954)-805-5181
FAX: (954) 441-4997

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314-6327
850-245-6059

OCTOBER 11, 2001

RE: Annual Corp. Filing Fee FEI number 65-0894248

To Whom it may concern:

I never received the initial form to file my annual Corpaoration report, therefore
please accept my check for the annual filing of my corporation.

Sincerely:

L. Richard Bodman: President
Funtastic Vending, Inc.