

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -1 AM 8:31

DOCUMENT # P99000014869

1. Corporation Name

FUNTASTIC VENDING, INC.

REINSTATEMENT

03-04

Principal Place of Business

Mailing Address

14947 SOUTHWEST 15TH STREET
PEMBROKE PINES FL 33027

14947 SOUTHWEST 15TH STREET
PEMBROKE PINES FL 33027



300030719973
03/18/04--01083--002 **150.00

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

02/16/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0894248

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 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

300030719973
12/06/04--01063--019 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

[Signature] REGISTERED AGENT MUST SIGN

Date

10/31/03

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

[Signature] REGISTERED AGENT MUST SIGN
L. RICHARD BODMAN - PRESIDENT

Date

10/31/03

Daytime Phone #

954-865-5181

CR2E040 (7/03)

2/2

OCT 31, 2003

To whom it may concern:

FROM : Funtastic Vending , Inc.
14947 SW 15 Th St.
Pembroke Pines, Fl. 33027

RE: UBR Notice

Please be advise that this Corporation, Funtastic Vending, Inc. , FEI # 65-0894228,

~~didn't receive any prior notices for filing of the 2003 business report. Please find enclosed the~~

annual fee of \$ 150.00 .

Sincerely:



L. Richard Bodman
President, Funtastic Vending, Inc.