

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 MAY 10 PM 1:13

DOCUMENT #

P99000059879

1. Corporation Name

SERVICE AMERICA VENDING CORP.

2. Principal Office Address

P.O. Box 17284

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

Zip

32503

Country

ESCAMBIA

Zip

Country

REINSTATEMENT

06-01

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3585298

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

MARK BONIFAY

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

5514 N DAVIS HWY

Suite, Apt. #, Etc.

SUITE # 107

City

PENSACOLA

700004316057-4

05/24/01-01097-009

\*\*\*\*900.00 \*\*\*\*900.00

State

FL

Zip Code

32503

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

*[Signature]*

Date

4/30/01

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

President  
Director

MARK BONIFAY

P.O. Box 17284

PENSACOLA, FL 32522

4/30/01

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01  
Date

850-857-0758  
Daytime Phone #

CR2E081 (9/00)