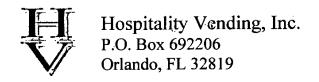
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM Page 10 12

			-	FILLE	1-10140
CORPORATION K REINSTATEMENT		DEPARTMENT OF STATE Katherine Harris Secretary of State SION OF CORPORATIONS		00 OCT 25 PM 1: 40 SECRETARY OF STATE TALLAR ABBEE. PLORIDA	
DOCUMENT # P99 (1. Corporation Name HOSPITALITY VENT	DONI DUS	0-			
2. Principal Office Address	3. Mailing Office Address				
PO BOX 692206					
Suite, Apt. #, etc.	Suite. Apt. #, etc.			ated or Qualified	
City & State	City & State	City & State		ess in Florida DE	c. 28, 1999
OR(ANDO, FC 32819	DRLANDO	A 32819	5. FEI Number 589 - 35	8-3518	Appliec For Not Applicable
Zip Country	32819	Country USA	6. CERTIFICATI	T STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
	7. Name and A	ddress of Current Register	ed Agent		
MARK A CRUZ Street Address (P.O. Box Number is 524 SUN VALLE) Suite. Apt. #, Etc. City ALTAMONTE SPR 8. being appointed the registered agent of the about the suite and the suite a	VILLAGE			****150. State Zip Code FL :"32714	101035007 00 ****1\$0.00
9. Names and Street Addresses of Each Officer and	l/or Director (Florida nonprofi	it corporations must list at lea	st 3 directors)		
Titles Name of Officers and/or Director	s	Street Address of Each Officer and/or Director		City	/ State / Zip
Pres. Mark A. Ce	wz 80	80 Box 692206		orlando	, ch 32819
ViPres Mikhaylo Av	ęrbukh po	BOX 6922	<i>د</i> د	orlando	FC 32819
SEC. CARL A. CR	JZ 190	Box 692	206	por land	o FL 32019
				. *	
				4	
10. I certify that I am an officer or director or the rec this reinstatement application, the reason for di fees owed by the corporation have been paid a indicated on this application is true and accurat	ssolution has been eliminated not the names of individuals li	d, the corporate name satisfie isted on this form do not qual ve the same legal effect as if	es the requirements ity for an exemption made under oath.	s of section 607.0401 oi n under section 119.07(r 617,0401, F.S., that all
SIGNATURE: SIGNATURE AND TYPED OR B	PRINTED NAME OF SIGNING OF	FICER OR DIRECTOR	42 Oct	24, 2000 Date	Daytime Phone # 4632



407-996-7400 x 4632 407-370-4995 fax

To Whom It May Concern:

I am writing this letter requesting to waive the reinstatement fee on the uniform business report. I was under the impression that my corporation was active. When I received a call from a company I was working with telling me my corporation was inactive, I immediately called the Secretary of State.

Please find the enclosed \$150 check reinstating my corporation making it active. I ask that you waive the \$600 late fee. The new address is PO Box 692206 Orlando, FL 32819. The reason I was canceled is that I never got the uniform business form, due to the address being wrong.

Thank you for your help and consideration.

Mark A. Cruz

Hospitality Vending, Inc.