


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

00 OCT 25 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990001106505

1. Corporation Name

HOSPITALITY VENDING, INC.

2. Principal Office Address

PO Box 692206

3. Mailing Office Address

PO Box 692206

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

DEC. 28, 1999

City & State

ORLANDO, FL 32819

City & State

ORLANDO, FL 32819

5. FEI Number

589-38-3518

Applied For

Not Applicable

Zip

Country

Zip

Country

32819

USA

6. CERTIFICATE OF STATUS DESIRED ☒\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARK A CRUZ

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

524 SUN VALLEY VILLAGE

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS,

State

FL

Zip Code

32714

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 OCT 24, 2000

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
Pres.	Mark A. Cruz	PO Box 692206	Orlando, FL 32819
V. Pres	Mikhailo Averbukh	PO Box 692206	Orlando, FL 32819
Sec.	Carl A. Cruz	PO Box 692206	Orlando, FL 32819

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)(ii), 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]

MARK A. CRUZ

OCT 24, 2000

407-996-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 4632

CR2E001 (9/99)



Hospitality Vending, Inc.
P.O. Box 692206
Orlando, FL 32819

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

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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.