

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

02 NOV -1 PM 1:32

**DOCUMENT #** S63494

**1. Corporation Name**

GREAT AMERICAN VENDING, INCORPORATED

**2. Principal Office Address**

10337 N. COMMERCE PARKWAY

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip  
33025

Country USA

**3. Mailing Office Address**

1265 BELMONT STREET

Suite, Apt. #, etc.

SUITE 2

City & State

BROCKTON, MA

Zip  
02301

Country USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

JUNE 27, 1991

**5. FEI Number**

65-0275642

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02

**7. Name and Address of Current Registered Agent**

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State  
FL

Zip Code 32301

**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

Brian Courtney

REGISTERED AGENT

Date

11/1/02

**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
	SEE ATTACHED LIST		

000008762840

11/01/02-01090-003 \*\*750.00

**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)(l), 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:**

James L. Truslow

10/31/02 (508) 559-9000 ext.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # X106

CR2E081 (9/01)

**List of Officers and Directors**  
**Great American Vending, Incorporated**

**Officers**

**Business Address**

Chairman of the Board  
Chief Executive Officer  
And Secretary:

James S. Gladney  
1265 Belmont Street – Suite 2  
Brockton, MA 02301

President:

Mark A. Bruno  
1265 Belmont Street – Suite 2  
Brockton, MA 02301

Senior Vice President,  
Chief Financial Officer  
And Treasurer:

William G. Popeo  
1265 Belmont Street – Suite 2  
Brockton, MA 02301

Vice President –  
General Counsel and  
Assistant Secretary:

James L. Truslow  
1265 Belmont Street – Suite 2  
Brockton, MA 02301

**Directors**

James S. Gladney  
1265 Belmont Street – Suite 2  
Brockton, MA 02111

Mark A. Bruno  
1265 Belmont Street – Suite 2  
Brockton, MA 02111