



# 2009 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # V44451</b> 1. Entity Name <b>VINCO, INC.</b>						<b>FILED</b> <b>09 JUN 12 AM 6:29</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>5860 OLD TIMUQUANA RD. SUITE 12 JACKSONVILLE, FL 32210 US</b>				Mailing Address <b>5860 OLD TIMUQUANA RD SUITE 12 JACKSONVILLE, FL 32210 US</b>			
2. Principal Place of Business - No P.O. Box # <b>3859 Paddlewheel Drive</b>		3. Mailing Address <b>3859 Paddlewheel Drive</b>		 <b>REINSTATEMENT</b> 06082009 REIN-P 06082009			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>					
Zip <b>32257</b>		Country <b>USA</b>		Zip <b>32257</b>		Country <b>USA</b>	
4. FEI Number <b>59-3131442</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b>  <b>MARINO, VINCENT 5015 CARMEL DR JACKSONVILLE, FL 32244</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Marino, Vincent</b> Street Address (P.O. Box Number is Not Acceptable) <b>3859 Paddlewheel Drive</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32257</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <i>Vincent Marino</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				<b>Vincent Marino</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>6/19/2009</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MARINO, VINCENT</b> <input type="checkbox"/> Delete <b>5015 CARMEL DR</b> <b>JACKSONVILLE, FL 32244</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Marino, Vincent</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (address change) <b>3859 Paddlewheel Dr. Jacksonville, FL 32257</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b> <i>Vincent Marino</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>Vincent Marino</b>		<b>6/19/2009</b> <small>Date</small>	
				<b>904-251-4326</b> <small>Daytime Phone #</small>			