

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 JUN 15 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F05000002845

1. Corporation Name

Parkway Vending Corporation

300157178549  
06/15/09--01053--002 \*\*450.00

2. Principal Office Address - No P.O. Box #

2120 Marydale Avenue

3. Mailing Office Address

2120 Marydale Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Williamsport

City & State

Williamsport

Zip

PA

Country

USA

Zip

PA

Country

USA

**REINSTATEMENT**  
CR25031 (12/03) 07/09

4. Date Incorporated or Qualified  
To Do Business in Florida

05/06/2005

5. FEI Number  
232972890

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  
Kenneth H Breon

Street Address (P.O. Box Number is Not Acceptable)  
2936 Pelican Blvd.

Suite, Apt. #, Etc.

City  
Cape Coral

State Zip Code  
FL 33914

The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Kenneth H Breon*  
REGISTERED AGENT MUST SIGN

Date 06/11/2009

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	Kenneth H Breon	2120 Marydale Avenue	Williamsport, PA 17701

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 contained in Chapter 119, 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:

*Kenneth H Breon* Kenneth H Breon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/11/2009

Date

5703234689

Daytime Phone #