

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 97 OCT 24 PM 2: 23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P17552
 1. Corporation Name
BAR WAY AUTOMATIC BEVERAGE SYSTEMS CO.

Principal Place of Business Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 91-97

2. New Principal Office Address, If Applicable 1104 BURDSAL PARKWAY		3. New Mailing Office Address, If Applicable 210 FIELD END STREET		4. Date Incorporated or Qualified To Do Business in Florida 1/7/88	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 35-1067944	
City & State INDIANAPOLIS INDIANA		City & State SARASOTA FLORIDA		Applied For Not Applicable	
Zip 46208	Country	Zip 34240	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P,T,D	FRITSCHLE, HORACE E., JR.	6001 PELICAN BAY BLVD. #405	NAPLES, FLORIDA 34108
V,D	FRITSCHLE, PHYLLIS	6001 PELICAN BAY BLVD. #405	NAPLES, FLORIDA 34108
S,D	GRAY, MARK W.	1104 BURDSAL PKWY.	INDIANAPOLIS, INDIANA 46208
			900002331249--0
			10/28/97--01033--004
			***1636.25 ***1636.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name HORACE E. FRITSCHLE, JR.	
		Street Address (P.O. Box Number is Not Acceptable) 6001 PELICAN BAY BLVD.	
		Suite, Apt. #, Etc. #405	
		City NAPLES	State Zip Code FL 34108

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Horace E. Fritschle Jr.* REGISTERED AGENT MUST SIGN Date **10/23/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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)(i), 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: *Horace E. Fritschle Jr. Pres.* Date **10/23/97** (941) 598-3653
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HORACE E. FRITSCHLE, JR., President Daytime Phone #

CFR E040 (12/96)