

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 14 PM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17552

1. Corporation Name
BAR WAY AUTOMATIC BEVERAGE SYSTEMS CO.
Cross Reference Name: COMFORTAIRE COMPANY, INC.
853 Tanbark Drive
853 Tanbark Drive

700037943057
06/14/04--01060--016 **1350.00

2. Principal Office Address 853 Tanbark Drive		3. Mailing Office Address 853 Tanbark Drive	
Suite, Apt. #, etc. Unit 100 106		Suite, Apt. #, etc. Unit 100 106	
City & State Naples, Florida		City & State Naples, Florida	
Zip 34108	Country US	Zip 34108	Country US

4. Date Incorporated or Qualified To Do Business in Florida 01/07/88	
5. FEI Number 35-1067944	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Pamela Marmaduke	
Street Address (P.O. Box Number is Not Acceptable) 853 Tanbark Drive	
Suite, Apt. #, Etc. Unit 100 106	
City Naples	State Zip Code FL 34108

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: *Pamela Marmaduke* Date: 6/11/04

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
DPST	Pamela Marmaduke	853 Tanbark Drive, UNIT 106	Naples, Florida 34108

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)(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: *Pamela Marmaduke* Date: 6/11/04 Daytime Phone #: 239 592 1069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)