PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT Se	EPARTMENT OF STATE cretary of State ON OF CORPORATIONS	15 MAR	1月 新 期 27 新 9: 12 149: 02: 1473 149: 03: 1473	ķ
1. Corporation Name BAR TWY IN 2. Principal Office Address - No P.O. Box # 2605 N. DIXIE HIGHWAY Suite, Apt. #, etc. Suite, Apt. #, etc.	e Address		2E001 (11/10)	
City & State		Date Incorporated or C To Do Business in Flo		1973
POMPANO BEACH, FL	·	5. FEI Number	79	Applied For Not Applicable
33064	Country	6. CERTIFICATE OF STATU		tional Fee required tificate of Status
7. Name and Address of Current Register	ed Agent	e.		, .
SITE Address (PO BOX Number is Not Acceptable)				•
City Panpano Blach	03/27/15- /2/8/14	01041 00	*750.00 *750.00	
8. I, being appointed the registered agent of the above named corporate Signature of Registered Agent REGISTERED AGEN		ligations of section 607.050	5 or 617.0503, F.S	
9. Names and Street Addresses of Each Officer and/or Director (Florida	a nonprofit corporations must list at lea	st 3 directors)		150
Officers and/or Directors	Officer and/or Director		City / State / Zip	i
Aris. Joseph Baranick ?	DU N.E. 30th St		ano Beach, t	-L 330104
Sec. Robert Christopher Chadderdon	823 Hungerford	Place Char	lotte NC ox	F207
Thus lennifer Chadderdon &	23 Hungerford	Place Charl	lotte NC a	8207
REINSTATEMEN	T	MAR 2	7 2015 UNT	
10. E-mail Address: icnnfcrch adderdon @ Vahoo · Com (To be used for future annual report notification)				
11, I certify that I am an officer or director or the receiver or trustee empow			F.S. I further certify that when	filma this

reinstatement application. He reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617 (A01, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155. F.S.

MARSH24,2015

Daytime Phone #

La MIGNATURE AND THEE OR PRINTED NAME OF SIGNING SPFICER OR DIRECTOR

SIGNATURE: