

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT
01-02-UBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 43620

1. Corporation Name
Bar Controls of Northwest Florida

2. Principal Office Address
300 W. 6th St
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 181908
Suite, Apt. #, etc.

City & State
Panama City, FL.

City & State
Casselberry, FL.

Zip
32401

Country
USA

Zip
32718

Country
USA

FILED
02 JAN 22 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-02-UBR

4. Date Incorporated or Qualified To Do Business in Florida
1/18/90

5. FEI Number
59-2974770

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
David A. Erdman

Street Address (P.O. Box Number is Not Acceptable)
1550 Dodd Rd.

Suite, Apt. #, Etc.

City
Winter Park

State
FL

Zip Code
32792

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
David A. Erdman

REGISTERED AGENT MUST SIGN

Date
1-17-02

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
P	David A. Erdman	1550 Dodd Rd	Winter Park, FL 32792

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: David A. Erdman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
1/17/02

Daytime Phone #
407 834-6492

CR2E081 (9/01)

2012

Bar Controls of Northwest Florida, Inc.

P.O. Box 181908
Casselberry, Florida 32718-1908
407-834-6492 Fax 407-32-1341

January 17, 2002

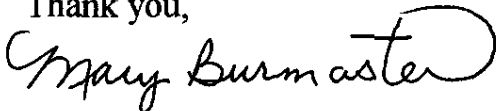
Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Due to the fact that our 2001 Annual Corporation Report was returned by the US Postal service undeliverable and was not received by our administration, the report did not get filed for 2001.

We have filled out a reinstatement application and have enclosed fee payment for the years 2001 and 2002.

If you have any questions or need anything else please contact our office.

Thank you,



Mary Burmaster
Bar Controls of Northwest Florida, Inc.
Office Manager