

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000079450*

1. Corporation Name

*Anyways Bar, Inc.*

2. Principal Office Address

*1753 N. Andrews Ave. Ext.*

Suite, Apt. #, etc.

City & State

*Fort Lauderdale, Fla.*

Zip

*33317*

Country

*USA*

3. Mailing Office Address

*1880 S.W. 67th Ter.*

Suite, Apt. #, etc.

City & State

*Plantation, Fla.*

Zip

*33317*

Country

*USA*

REINSTATEMENT

*04/28/03 91304 037-8156-00*

4. Date Incorporated or Qualified  
To Do Business in Florida

*July 22, 2002*

5. FEI Number

*030475654*

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

*CATHY L. JOSEY*

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

*1880 S.W. 67th Terrace*

Suite, Apt. #, Etc.

City

*Plantation*

State

*FL*

Zip Code

*33317*

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

*Cathy L. Josey*

REGISTERED AGENT MUST SIGN

Date *Oct. 20, 2003*

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
<i>President</i>	<i>Cathy L. Josey</i>	<i>1880 S.W. 67th Terrace</i>	<i>Plantation, Fl. 33317</i>

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:

*Cathy L. Josey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Cathy L. Josey*

Date

*Oct. 20, 2003*

Daytime Phone #

*(954)*

*584-6971*

CR0303110020

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, Florida 32399

RE: Anyways Bar, Inc.

To Whom It May Concern:

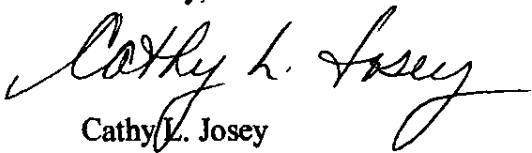
I recently discovered that my corporation, Anyways Bar, Inc. had been made inactive because of an administrative issue. The address for the former Registered Agent for the corporation was incorrect and she did not receive the communications from the Department of State regarding a missing FEI number on our Annual Report. Therefore, neither of us was aware of the problem and the corporation was dissolved.

I became aware of the status purely by accident when I visited the sunbiz.org site to see if the officers had been updated from our Annual Report.

I am told that you are holding my check for \$150 and that you will accept that payment along with the enclosed Corporate Reinstatement document. I have also been advised to ask for a waiver of the reinstatement fee, due to the circumstances I described above.

I appreciate your consideration in reinstating the corporation as quickly as possible. If you need anything further regarding this matter, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, reading "Cathy L. Josey". The signature is written in dark ink and is positioned above the printed name and title.

Cathy L. Josey  
President  
Anyways Bar, Inc.