

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P17552

1. Corporation Name

BAR WAY AUTOMATIC BEVERAGE SYSTEMS CO.

FILED

97 OCT 24 PM 2: 23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable
1104 BURDSAL PARKWAY

3. New Mailing Office Address, If Applicable
210 FIELD END STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
INDIANAPOLIS INDIANA

City & State
SARASOTA FLORIDA

Zip
46208

Country

Zip
34240

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/7/88

5. FEI Number

35-1067944

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
FL

Zip Code
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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HORACE E. FRITSCHLE, JR., President

Date

Daytime Phone #

(941) 598-3653

CB/E040 (12/96)