

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

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

DOCUMENT # P17552

1. Corporation Name

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

2. Principal Office Address
853 Tanbark Drive

3. Mailing Office Address
853 Tanbark Drive

Suite, Apt. #, etc.

Unit ~~106~~ 106

Suite, Apt. #, etc.

Unit ~~106~~ 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 ☐ \$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 ~~106~~ 106

City

Naples

State

FL

Zip Code

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
REGISTERED AGENT MUST SIGN

Date

6/11/04

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/11/04

Daytime Phone #

239 592 1069

CR2E081 (01/04)