

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

158.75  
10F2

DOCUMENT # S33798

1. Corporation Name

TONY SYLVESTER'S ABC OF BARTENDING, INC.

Principal Place of Business

Mailing Address

3419 N. DIXIE HIGHWAY  
FT. LAUDERDALE FL 33334

3419 N. DIXIE HIGHWAY  
FT. LAUDERDALE FL 33334

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/25/1991

5. FEI Number

65-0261432

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	SYLVESTER, ANTHONY J.	1360 S. OCEAN BLVD.	POMPANO BEACH FL

300003496258--4  
-12/12/00--01041--018  
\*\*\*\*\*158.75 \*\*\*\*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOWNER, MICHAEL D.  
320 DAVIE BLVD.  
FT. LAUDERDALE FL 33315

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11/16/00

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-17-00

KE

TONY SYLVESTOR'S ABC OF BARTENDING, INC  
3419 NORTH DIXIE HIGHWAY  
FORT LAUDERDALE, FL. 33334

262  
A44.  
S33798

October 18, 2000

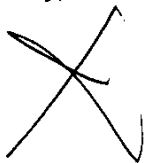
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

Gentlemen,

We have two corporations, Advance Hospitality Services, Inc., and Tony Sylvester's ABC Bartending, Inc. They were both paid and mailed to the State at the same time.

I am enclosing a check that you cashed for Advanced Hospitality Services, Inc. You must have the other one attached to this somehow. If not, we would be happy to stop payment of the old check and send you a new check, with a new report.

Respectfully,



TONY SYLVESTOR