

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L00000001810

Name and Mailing Address

0000970 01 FP 0.352 **PRSR T3 0 0615 32821-681580



COUNTRY ADVENTURES, LLC
8200 VINELAND AVENUE, #755
ORLANDO FL 32821-6815

02 NOV -6 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business

8200 VINELAND AVENUE, #755
ORLANDO FL 32821

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

02/17/2000

6. FEI Number

36-4348489

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

WARREN MCHENRY

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

8200 VINELAND AVE. #755

City

ORLANDO

FL

Zip Code

32821

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Warren Mcherry

Date 11-4-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MCHENRY, WARREN	13324 COLONY SQUARE DR. #3012 12111 POPPY FIELD LN. #111	ORLANDO FL 32837
MGRM	MCHENRY, SUSAN	13324 COLONY SQUARE DR. #3013 12111 POPPY FIELD LN. #111	ORLANDO FL 32837
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		REINSTATEMENT 2002 ALI	

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Warren Mcherry

Date 11-4-02

Daytime Phone # 407-238-1358

Typed or printed name of signing Managing Member/Manager