PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

7. Name and Address of Current Registered Agent Name HENRY L. FOWLER BUDD33477498 Street Address (P.O. Box Number is Not Acceptable) B4/21/04 01077 020 **608. 75 Z993 NEN. LWICK DR. Sou 17H Suite, Apt. #, Etc. City CLEARWATER State Zip Code FL 33 7 6 1		PORATIO STATEME				FLORID	A DEPAF Secreta IVISION OF C	RTMENT ry of Sta	OF ST. Ite	ATE	1 R	LED 21 PM	3:53	c DA				
Sulte, Apt. #. etc. Cly & State Cly & State Country C	DOCU 1. Corporat	JMENT : tion Name JWTR Y 5 t	# F IDE	ZZO HEN	427 ARW6	Z Ç AIÛ	SERV	lices	, ומכ	SEC TALL		HASSEE.	+1"o					
Suite, Apt. #, etc. **CYPRESS POWT H-PPWE CR.** **SIME Apt. #, etc. **SIME State CLEAR WATER, FL City & State **STAME **STAM						3. Mailing Office Address SAME					EINSTATEMENT 07-04							0
CLEAR WATER, FL Zip 33763 Country U.S.A. Zip SAME Country GAMF 6. CERTIFICATE OF STATUS DESIRED STA Additional Fee requires for a continuation of continuation of status T. Name and Address of Current Registered Agent Name HENRY L. FOWER Sure Address (P.O. Box Number is Not Acceptable) T. Q 9 3 KEN, L WILK DR. SOUTH Suite, Apt. #, Eic. City CHEARWATER State Zip Code FL 33 7 6 1 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S. Signature of Registered Agent PREGISTERED AGENT MUST SIGN Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip PRESS H. I. 'HANK' FOWER 2993 KENILWICK DR. S. CLEARWATER, FL 33761 I. PRESS L. I. 'HANK' FOWER 2993 KENILWICK DR. S. CLEARWATER, FL 33761 I. PRESS SUSAN W. FOWER 2993 KENILWICK DR. S. CLEARWATER, FL 33761 I. PRESS SUSAN W. FOWER 2993 KENILWICK DR. S. CLEARWATER, FL 33761 I. PRESS SUSAN W. FOWER 2993 KENILWICK DR. S. CLEARWATER, FL 33761	Suite, Apt. #	etc. 45 POINT	ZH.	ppwe	ctr.	Suite, Apt. #, etc.					4. Date Incorporated or Qualified							1
20 33763 Country U.S.A. 20 SAME Country GAME 6. CERTIFICATE OF STATUS DESIRED 3375 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent Name 1/ENRY L. FOWER Street Address (P.O. Box Number is Not Acceptable) 2993 KEN, LWICK DR. SOUTH Suite, Apt. #, Etc. City CHEARWATEA 8. I, being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Directors Titles Officers and/or Directors Street Address of Each Officers and/or Directors City/State/Zip ARES. H. L. HANK' Fow HEA Z993 KENILWICK DR. CLEARWATER, FL 33761 PRES. SUSAN W. Fow HER Z993 KENILWICK DR. CLEARWATER, FL 33761 PRES. SUSAN W. Fow HER Z993 KENILWICK DR. CLEARWATER, FL 33761	City & State CLEAR WATER, FL				4						5. FE! Number Applied For							1
Name	3370	3	Country	· 5 · A-	_	Zip S!	ME	Country 6	AME		G							Q.
Street Address (P.O. Box Number is Not Acceptable) Z 9 3 KEN, LWICK DR. SouTH Suite, Apt. #, Etc. City CHEARWATEA 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Name of Officers and/or Directors Officers and/or D						7.	Name and	Address o	f Current F	Register	red A	Agent						_
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 Pate 1.		HENRY L. FOWHER BUDU33477498												75				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles		City	CHE	ARWA	HER			,						Zip Code 337	61			
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director PAES: H. L. HANK' FOW LEA 2993 KEN. LWIGH DAS. CLEAR WATER FL 33761 V. PAES: GURLI. SUSAN W. FOW LEA 2993 KENILWICK DAS. CLEAR WATER, FL 33761	Signature of	ī	- 1		_	Tow	les		h and acce	ept the ol	obliga	ations of secti				700	4	CR2E081 (01/04
PRESI H. L. HANK' FOWLER 2993 KENILWICK DRS. CLEARWATER FL 33761 V. PRESI SUSAN W. FOWLER 2993 KENILWICK DRS. CLEARWATER, FL 33761	9. Names	and Street Add	resses	of Each Of	ficer and/	or Director	Florida nonpi	rofit corpora	tions must	list at le	east	3 directors)						1
PRES. 14.1. HANK TOWNER 2993 KENILWICK DR.S. CLEARWATER, FL 33761 SECRET. SUSAN W. FOWLER 2993 KENILWICK DR.S. CLEARWATER, FL 33761		Officers and/or Directors				Officer and/or Director					City / State / Zip					-		
	PAESI PAEASI	H.L. HANK' FOWLER				A 2993 KENIWIGY D					R	95. CLEARWATH			ATER	FL.	33761	
	SECRET.	SUSAN W. FOWLER				2993 KENILWICK				KL	01	9.6.	CHEARWATER, FL 33761					1
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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 filling 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.	this rein	nstatement appli by the corporatio	ication, n have	the reason been paid	for disso and the n	lution has b ames of ind	een eliminate ividuals listed	d, the corpo	orate name n do not qu	satisfies alify for	s the	exemption und	of section	607.0401 or	617.0401, É	.S., that	all fees	
SIGNATURE: New f. Fow et 4-20 2004 121-796-1161 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	SIGNA					<u> </u>			DIRECTOR			4.		04;			161	

COUNTRYSIDE HEARING AID SERVICES, INC.

FLA. DEPARTMENT OF STATE DIVISION OF CORPORATIONS

I WAS NOT AWARE THAT THE CORPORATION WAS ON AN INACTIVE STATUS UNTIL I WAS INFORMED BY THE LOCAL BETTER BUSINESS BUREAU.

FOR SOME REASON! HAVE NOT RECEIVED THE ANNUAL RENEWAL FOR THE LAST SEVERAL YEARS AND WAS UNAWARE THAT! WAS DELINQUENT.

I AM ENCLOSING A CHECK FOR \$600 TO COVER THE DELINQUENT FEES AND ASK THAT YOU WAIVE THE PENALTIES IN VIEW OF THE FACT THAT THIS WAS STRICTLY AN OVERSIGHT DUE TO NOT RECEIVING THE RENEWALS.