


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 APR 21 PM 3:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # F20422			
1. Corporation Name COUNTRYSIDE HEARING AID SERVICES, INC			
2. Principal Office Address 25829 U.S. 19 NORTH Suite, Apt. #, etc. CYPRESS POINT SHOPPING CTR.		3. Mailing Office Address SAME Suite, Apt. #, etc. SAME City & State SAME City & State SAME Zip SAME Country SAME	
City & State CLEARWATER, FL		City & State SAME	
Zip 33763	Country U.S.A.	Zip SAME	Country SAME
		4. Date Incorporated or Qualified To Do Business in Florida 02-19-1981	
		5. FEI Number 59-2072101	Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name HENRY L. FOWLER Street Address (P.O. Box Number is Not Acceptable) 2993 KENILWICK DR. SOUTH Suite, Apt. #, Etc. City CLEARWATER State FL Zip Code 33761			
800033477498 04/21/04 01077 020 **608.75			
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 Henry L. Fowler		Date 4-20-2004	
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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES. TREAS.	H.L. 'HANK' FOWLER	2993 KENILWICK DR S.	CLEARWATER FL 33761
V. PRES. SECRET.	SUSAN W. FOWLER	2993 KENILWICK DR. S.	CLEARWATER, FL 33761
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: Henry L. Fowler		Date 4-20-2004 727-796-1161	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E081 (01/04)

H.L. "Hank" Fowler

B 2 2 2
Colin "Sarge" Wakefield



COUNTRYSIDE HEARING AID SERVICES, INC.

APRIL 19, 2004

TO: 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 I HAVE NOT RECEIVED THE ANNUAL RENEWAL FOR THE LAST SEVERAL YEARS AND WAS UNAWARE THAT I 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.

SINCERELY,


H. L. HANK FOWLER

A Hearing Aid Is Less Conspicuous Than A Hearing Loss