APPLICATION FOR REINSTATEMENT

F29576

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

F29576

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 19 PM 3:09

DOCUMENT # F29576

1 Corporation Name

Country Square Management Co., Inc.

Mailing Address	Principal Place of Business
3250 Mary Street, Suite 306 Miami, FL 33133	3250 Mary Street, Suite 306 Miami, FL 33133

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

8/25/95

SRC# 2-1623

DO NOT WRITE IN THIS SPACE

2 New Mailing Address if Applicable	3 New Principal 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: 04/23/1981

5 FEI Number: 59-2087307 — 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)

1 Title(s)	2 Name of Officers and or Directors	3 Street Address of Each Officer and or Director (Do NOT Use Post Office Box Numbers)	4 City State Zip
P/S/T/D	Paul C. Steinfurth	3250 Mary Street, Suite 306	Miami, FL 33133

600002040966--4
-12/30/96--01033--020
****575.00 ****575.00

REINSTATEMENT 1995-1996

BL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Paul C. Steinfurth 3250 Mary Street, Suite 306 Miami, FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

(CR2E040 (6-94))

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: Paul C. Steinfurth — Date: 12.18.96

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax)

13 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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: Paul C. Steinfurth, President — Date: 12/18/96 — Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR