


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F66831**

1. Corporation Name  
**Country Shire, Inc.**

2. Principal Office Address **1053 maitland Center Commons**  
Suite, Apt. #, etc. **200**  
City & State **maitland, FL**  
Zip **32751** Country **U.S.A.**

3. Mailing Office Address **(same)**  
Suite, Apt. #, etc.  
City & State  
Zip Country

FILED  
05 NOV 17 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 93-05  
CR2E081, 16/05

4. Date Incorporated or Qualified To Do Business in Florida **02/09/1982**

5. FEI Number  Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent


Name **a. David Gabbai**

Street Address (P.O. Box Number is Not Acceptable) **1053 maitland Center Commons**

Suite, Apt. #, Etc. **200**

City **maitland** State **FL** Zip Code **32751**

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  Date **11/15/05**


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
<b>VT</b>	<b>Oren Gabbai</b>	<b>same as above</b>	

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11/17/05--01030--010 \*\*2550.00

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:  **Oren Gabbai** Date **11/15/05** Daytime Phone # **407-869-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR