

192  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 21 AM 8:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *G89513*

1. Corporation Name

*Country Haven, Inc*

2. Principal Office Address

*5529 US Hwy 98 N*

Suite, Apt. #, etc.

3. Mailing Office Address

*same*

Suite, Apt. #, etc.

City & State

*Lakeland FL*

City & State

Zip

*33809 USA*

Country

Zip

Country

**REINSTATEMENT**

*02-04*  
*MRD*

4. Date Incorporated or Qualified  
To Do Business in Florida

*3/09/84*

5. FEI Number

*592403477*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

*Gregory T Wilhelm*

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

*5529 US Hwy 98 N*

Suite, Apt. #, Etc.

City

*Lakeland*

State

*FL*

Zip Code

*33809*

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

*Greg T. Wilhelm*

REGISTERED AGENT MUST SIGN

Date

*7/16/04*

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
P.	<i>Joe L Saunders</i>	<i>5529 US Hwy 98 N</i>	<i>Lakeland FL 33809</i>
VP/S	<i>Kenneth F. Wilhelm</i>	<i>5529 US Hwy 98 N</i>	<i>Lakeland FL 33809</i>

*300039386743*  
*07/21/04--01070--004 \*\*450.00*

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:

*Joe L. Saunders*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*07/16/04 (863) 858-4399*

Daytime Phone #

*JOE L SAUNDERS*

CF2E081 (01/04)

282

COUNTRY HAVEN, INC.  
5529 U S Hwy 98 N  
Lakeland, Florida 33809

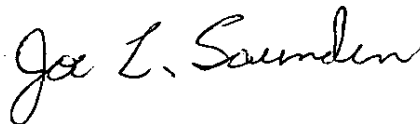
July 16, 2004

Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Fl 32314

Dear Sirs:

Pursuant to our telephone conversation with Mr. Tyrone Scott, we are writing to inform you that we did not receive a Notice of dissolution on this corporation. Please accept this writing as our request to waive the late fee. Enclosed please find a completed corporation reinstatement form and a check in the amount of \$450.00 as instructed. Thank you for your attention to this situation.

Sincerely yours,



Joe L Saunders  
President

Enc/sgc