	PLEAS	E READ A	LL INST	RUCTI	ONS E	BEFORE C	OMPLETI	NG THIS FO	RM.		
	PLICATION FOR STATEMENT			DEPAR Glenda Secretar VISION OF C	E. Hoo ry of Sta	ite			ED PH 10		
DOCUMENT # H63655 1. Corporation Name COUNTRYSIDE CARS, INC.							OL, FEB 25 PH 12: 0 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
	lace of Business		Mailing Addr	ess							
2627-HARBO -GLEARWATI US	(s			THE SERVICE OF THE SE		5,G(5.)					
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable							4. Date Incorp	prated or Qualified	11 H C	77-04	<u> </u>
				28 Chillum Ct. To Do BL			To Do Busir	06/25/1985			
City & State Clenewater F1 SA1				C.L. Mark El			5. FEI Number	59-2544532	-	Applied For Not Applicat	
^{Zip} 337	Country	S	Zip 3469	75	Country	1.5.		OF STATUS DESIRED	\$8.75 A for a	Additional Fee requi Certificate of Statu	iired us
7. Names	and Street Addresses of E		r Director (Flo	rida nonprof							
Title(s) Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip				
DP/S	DP/S BAKER, GEORGE D.				RBOR CIR 99 U	5/19 /	ν,	CLEARWATER FL 33759 - CLEARWATER FL 33768			
DS BAKER, DENISE				2027 HARBOR-CIR			•	CLEARWATER FL 33759			
	\									- 11	
							30; 02/24/	300029302273 02/24/0401031036 ***300.00			
			``.				ر الما المان	Lanama			
			<u> </u>			i ·	027247	040103103	37 **	8.75	
8. Name and Address of Current Registered Agent							9. Name and	Address of New Regis	tered Age	nt	_
BAKER, GEORGE D. 2984 DEER RUN S CLEARWATER FL 3376 (Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.					
Į O	28 Chillum			_	Ļ				- Co. 1. 1. 1.		
Clearwater, F1.34695						City			State Z	ip Code	
Signature Registered	Agent Agent Agent	RE	Take	J ?	SIGN	GES		Date _ 2 /	11/	04	
	/ that I am an officer or dire										I

11.1 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/04

Daytime Phone #