

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Secretary of State

L0000001810

FILED
 02 NOV -6 PM 3:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L0000001810
 Name and Mailing Address

0000970 01 FP 0.352 **PRSR T3 0 0615 32821-681580
 COUNTRY ADVENTURES, LLC
 8200 VINELAND AVENUE, #755
 ORLANDO FL 32821-6815



| | | | |
|---|--|--|--|
| 2. New Mailing Address City, State, Zip | | 4. State/Country of Formation FL | |
| Principal Place of Business 8200 VINELAND AVENUE, #755 ORLANDO FL 32821 | | 5. Date Organized or Qualified To Do Business in Florida 02/17/2000 | |
| 3. New Principal Place of Business Address City, State, Zip | | 6. FEI Number 36-4348489 | Applied For Not Applicable |
| | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | \$5.00 Additional Fee required for a Certificate of Status |

| | | | |
|--|--|---|--|
| 8. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301 | | 9. Name and Address of New Registered Agent Name: WARREN MCHENRY Street Address (P.O. Box Number is Not Acceptable): 8200 VINELAND AVE. #755 City: ORLANDO FL Zip Code: 32821 | |
|--|--|---|--|

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
 Signature of Registered Agent: Warren Mchenry Date: 11-4-02
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|----------|-----------------------------------|--|--------------------|
| MGRM | MCHENRY, WARREN | 13324 COLONY SQUARE DR. #3012 12111 POPPY FIELD LN. #111 | ORLANDO FL 32837 |
| MGRM | MCHENRY, SUSAN | 13324 COLONY SQUARE DR. #3013 12111 POPPY FIELD LN. #111 | ORLANDO FL 32837 |

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 11/06/02--01114--005 **150.00

REINSTATEMENT 2002 ALL

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager: Warren Mchenry Date: 11-4-02 Daytime Phone #: 407-238-1358
 Typed or printed name of signing Managing Member/Manager: _____

CFR2E084 (8/02)