

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -3 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008137

1. Corporation Name

COUNTRYSIDE JR. COUGARS, INC.

Principal Place of Business

2761 MORNINGSID DR.
CLEARWATER FL 33759

Mailing Address

2761 MORNINGSID DR.
CLEARWATER FL 33759
P.O. Box 16934
Clearwater FL 33766

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

* 01/01/2001

5. FEI Number

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BAKER, ROGER E SR.	2761 MORNINGSID DR.	CLEARWATER FL 33759
D	LUPO, LISA	211 HILLCREST DR.	SAFETY HARBOR FL 34695
D	SCHMIDT, MIKE SR	211 HILLCREST DR.	SAFETY HARBOR FL 34695
D	CINDY JORDAN	2572 BRANDYWINE	Clearwater, FL 33761
			800009220498 11/28/02--01030--004 **\$1.25

8. Name and Address of Current Registered Agent

BAKER, ROGER E
2761 MORNINGSID DR.
CLEARWATER FL 33759

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

ROGER E BAKER
REGISTERED AGENT MUST SIGN

Date

10-21-02

11. 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:

ROGER E BAKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-02

CR2040 (8/02)