

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 FEB 15 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N03000006731

**1. Corporation Name**

COUNTRYSIDE PLAZA OWNER'S ASSOCIATION, INC.

**2. Principal Office Address**

1673 MASON AVENUE,

Suite, Apt. #, etc.

SUITE 307

City & State

DAYTONA BEACH, FL

Zip  
32117

Country  
US

**3. Mailing Office Address**

1673 MASON AVENUE,

Suite, Apt. #, etc.

SUITE 307

City & State

DAYTONA BEACH, FL

Zip  
32117

Country  
US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

08/06/2003

**5. FEI Number**

202278150

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

JEFFREY C. SWEET

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

595 WEST GRANADA BLVD.

Suite, Apt. #, Etc.

SUITE A

City

ORMOND BEACH

State  
FL

Zip Code  
32174

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

2/4/05

**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
PD	MELVIN STONE, M.D.	1673 Mason Ave., Suite 307	Daytona Beach, FL 32117
TD	CHARLES BURKETT, M.D.	1673 Mason Ave., Suite 307	Daytona Beach, FL 32117
SD	JOHN TONKIN, M.D.	1673 Mason Ave., Suite 307	Daytona Beach, FL 32117

**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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/9/05

386 247 118

Daytime Phone #

CR2E081 (01/05)