

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

Uniform
Business Report
2001

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT -9 PM 1:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000006311

1. Corporation Name

COUNTRY ADVERTISING CORP.

2. Principal Office Address

18785 SW 29TH STREET

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33029

Country

3. Mailing Office Address

18785 SW 29TH STREET

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33029

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/20/2000

5. FEI Number

59-3619185

Applied for

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

2001 UBR

7. Name and Address of Current Registered Agent

Name

LILIAN A. VILLA

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

12955 SW 66 LANE

Suite, Apt. #, Etc.

APT # 14

City

MIAMI, FL 33183

State

FL

Zip Code

200004642122-6
-10/18/01--01071--004
***\$150.00 ***\$150.00

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

REGISTERED AGENT MUST SIGN

Date 9/25/2001

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 / Street / Zip
PTD	MIGUEL A. CASTELLANOS MORENO	18785 SW 29TH ST. MIRAMAR FL 330	MIRAMAR FL 33029
SVD	ROCIO Y. CALVO	18785 SW 29TH ST. MIRAMAR FL 330	MIRAMAR FL 33029
G. MANAG	LILIAN A. VILLA	12955 SW 66 LANE	MIAMI, FL 33183

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/2001
Date

305-710-5095
Daytime Phone #

COUNTRY ADVERTISING CORP.
DOC.# P00000006311

Postel

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY,


MIGUEL A. CASTELLANOS MORENO
PRESIDENT