

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 30 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 700000019508

1. Corporation Name  
AMERICAN COUNTRY CORP.

2. Principal Office Address  
6354 BIRD ROAD

Suite, Apt. #, etc.

City & State  
MIAMI, FL

Zip Country  
33155 USA

3. Mailing Office Address  
6354 BIRD ROAD

Suite, Apt. #, etc.

City & State  
MIAMI, FL

Zip Country  
33155 USA

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05/08/03--01021--007 \*\*550.00

4. Date Incorporated or Qualified To Do Business in Florida  
2/2000

5. FEI Number  
65-10042-36

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name ROXANNE SCALIA  
Street Address (P.O. Box Number is Not Acceptable)  
6354 BIRD ROAD  
Suite, Apt. #, Etc.  
City MIAMI State FL Zip Code 33155

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] Date 4/17/03  
REGISTERED AGENT MUST SIGN

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
<u>Pres.</u>	<u>SCALIA, ROXANNE</u>	<u>6354 BIRD ROAD</u>	<u>MIAMI, FL. 33155</u>

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] Date 4/02/03 Daytime Phone # (305) 661-1888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 4/30



4/2/03

Dear Sirs,

We never received the  
Aug 15, 2002 Reinstatement or Corp  
Paper work, that your office sent  
to us, very sorry for the  
confusion, Following I am sending  
the Reinstatement paper work and  
and check for \$550<sup>00</sup>

Thank You  
R

P.S. Please call me if you have  
any questions or if I did not fell  
this out right  
R