

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

33155

Country

USA

3. Mailing Office Address

6354 Bird Road

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

USA

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

2/2000

5. FEI Number

65-10042-36

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

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

R. Scalia

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
Pres.	SCALIA, ROXANNE	6354 BIRD ROAD	MIAMI, FL. 33155

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

Date

4/22/03

Daytime Phone #

(305) 661-1888

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 \$550.00

Thank You
R

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