

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 FEB -7 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 201000104575

1. Corporation Name

COUNTRY GARDEN ENTERPRISE INC

200067464552
03/09/06--01026--021 **1350.00

REINSTATEMENT 02-06

2. Principal Office Address

3023 KNIGHT STATION RD

3. Mailing Office Address

3123 KNIGHT STATION RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE LAND FL

City & State

LAKE LAND FL

Zip

33810

Country

USA

Zip

33810

Country

USA

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

10-30-2001

5. FEI Number

59-3752341

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

FINANCIAL FOUNDATIONS INC

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

3150 SANDY RIDGE DR

Suite, Apt. #, Etc.

City

CLEARWATER

State
FL

Zip Code

33761

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 2/1/06

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	<u>NIRAMON BRAHERD</u>	<u>3123 KNIGHT STATION RD</u>	<u>LAKE LAND FL 33810</u>
VPRES	<u>ROTHSAK NATHAN</u>	<u>3200 OLD WINTERGARD</u>	<u>OCFEE FL 34761</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 contained in Chapter 119, 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:

Niramon N. Braherd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-06

Date

863-816-2546

Daytime Phone #