

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

06 DEC -1 PM 7:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000126339

1. Corporation Name

COUNTRY HOUSE RESTURANT, INC.

REINSTATEMENT

04-06
130

2. Principal Office Address

6060 COLLIER BLVD

3. Mailing Office Address

6060 COLLIER BLVD

Suite, Apt. #, etc.

23

Suite, Apt. #, etc.

23

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34114

Country

USA

Zip

34114

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/25/2002

5. FEI Number

55-0807066

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

JOSE R LUGO

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

6060 COLLIER BLVD

Suite, Apt. #, Etc.

23

City

NAPLES

State

FL

Zip Code

34114

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

(X)

REGISTERED AGENT MUST SIGN

Date 11/22/2006

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
PSTD	LUGO, JOSE R	6060 COLLIER BLVD	NAPLES, FL 34114

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/2006

Date

239-775-6676

Daytime Phone #

Country House Restaurant, Inc.
6060 Collier Blvd #23
Naples, FL 34114

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November 22nd, 2006

Dept of State
Division of Corp
PO Box 6327
Tallahassee, FL 32314

RE: **Corporation admin dissolution for annual report**

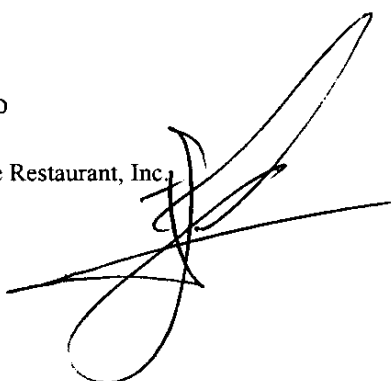
Dear DOS:

It was brought to our attention recently that our Corporation was dissolved for non-filing of UBR. We never received the UBR form to file the report. We went online and downloaded the form to request reinstatement. Our address is stated incorrectly on your records. We had an accountant that disappeared and we did not have knowledge that this was supposed to have been done until our current accountant informed us of our status.

We are enclosing a check in the amount of \$450.00, fee for 2004,2005 and 2006. Please accept this payment and consider waving the reinstatement fee off \$600 under these circumstances.

Sincerely,

Jose R. Lugo
President
Country House Restaurant, Inc.

A large, stylized handwritten signature in black ink, appearing to be 'Jose R. Lugo', is written over the printed name and title.