

2005 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

05 DEC 30 PM 2:55

SECRET
DATE



11012005 REIN-P CR2E098 (6/04)

4. FEI Number **20-1143580** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P04000072593

1. Entity Name
COUNTRY STYLE RESTAURANT, INC.



Principal Place of Business
**3222 SOUTH US 1
FT. PIERCE, FL 34982**

Mailing Address
**3222 SOUTH US 1
FT. PIERCE, FL 34982**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

**BENNETT, DIANA
3222 SOUTH US 1
FT. PIERCE, FL 34982**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *D Bennett* *DIANA BENNETT* *Dec 10/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BENNETT, DIANA 3222 SOUTH US 1 FT. PIERCE, FL 34982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD STEWART, ETHEL 139-43 228 STREET LAURELTON, NY 11413	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	000062514330 12/30/05--01063--002 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>B 1/03/06</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *D Bennett* *Dec 10/05* *772465-1608*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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COUNTRY STYLE RESTAURANT INC.
3222 S. US 1 HIGHWAY.
FORT PIERCE
FLORIDA. 34982.
772 465-1608.

DIVISION OF CORPORATIONS.
P.O. Box 6327.
TALLAHASSEE FL. 32314.
TO WHOM IT MAY CONCERN.

I did NOT receive the post card sent in
JANUARY of 2005. to Renew the CORPORATION.
DOCUMENT # PD4000072593. I Am Asking
please to WAIVE \$600.00 penalty. Enclose is
a check for \$150.00 for Renewal.

Thanks
Diana Bennett
Sign. DBennett.
Dec 28/05.