

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 24 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000072593

1. Corporation Name

COUNTRY STYLE RESTAURANT INC.

W09-51462

2. Principal Office Address - No P.O. Box #

3222 south us 1 highway

Suite, Apt. #, etc.

3. Mailing Office Address

3222 south us 1 highway

Suite, Apt. #, etc.

City & State

fort pierce, florida 34982

City & State

fort pierce, florida

Zip

34982

Country

USA

Zip

34982

Country

USA

900162985739
11/20/09--01021--011 **308.75

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

may 4th 2004

5. FEI Number

20-1143580

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

DIANA BENNETT

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

3222 south us 1 highway

Suite, Apt. #, Etc.

City

fort pierce, florida

State

FL

Zip Code

34982

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Diana Bennett

Date **November 15/2009**

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
PRESIDENT	DIANA BENNETT	3222 south us 1 highway	fort pierce, florida 34982
VICE President	Ethel Stewart	129-43 228 street	laurelton n.y. 11413

REINSTATEMENT

RH

10. E-mail Address: **diana_bennett@bellsouth.net**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Diana Bennett

Diana Bennett

11/16/2009 772-465-1608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 24 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600163589176
12/14/09--01061--007 **150.00

CR2E081 (11/09)

DOCUMENT # **407000084743**

1. Corporation Name

MUMBOOIE, INC.

W09-54307

2. Principal Office Address - No P.O. Box #

P.O. Box 140122 Orlando FL 32814

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1749 Serena Blvd.

Zip

Country

Zip

Country

Winter Spring FL 32708

4. Date Incorporated or Qualified
To Do Business in Florida

8-8-07

5. FEI Number

26-0676471

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 **Ramona Junker**

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

1749 Serena Blvd.

Suite, Apt. #, Etc.

City **Winter Spring FL**

State **FL**

Zip Code **32708**

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 **12/8/09**

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	Ramona Junker	P.O. Box 140122 Orlando FL 32814	
Exp	Patricia Gilvie	1229 Whittey Pt. Venice FL 33592	
Exp	Leigh Woods	4832 Owl Camp Dr. Charlotte NC 28226	
REINSTATEMENT RH			

10. E-mail Address: **pinkpelicanbrief@yahoo.com**

(To be used for future annual report notification)

11. 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. I further certify, 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] **Ramona Junker**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

12/8/09 4078 258