

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000091536

1. Corporation Name

COUNTRYSIDE INSTITUTE OF SELF DEFENSE, INC.

Principal Place of Business

Mailing Address

1530 MCMULLEN BOOTH ROAD  
SUITE D 6 & 7  
CLEARWATER FL 33759  
US

1530 MCMULLEN BOOTH  
SUITE D 6 & 7  
CLEARWATER FL 33759  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

03

4. Date Incorporated or Qualified  
To Do Business in Florida

10/13/1997

5. FEI Number

59-3482723

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BARRIGA, SERGIO G	1530 MCMULLEN BOOTH ROAD D 6 & 7	CLEARWATER FL 33759

500024023405  
10/22/03--01064--018 \*\*150.00

10/10/28

8. Name and Address of Current Registered Agent

BARRIGA, SERGIO G MR  
1530 MCMULLEN BOOTH ROAD  
SUITE D 6 & 7  
CLEARWATER FL 33759

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/10/03

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03

Daytime Phone #

**JACOBS ACCOUNTING & COMPUTERS, INC.  
2121 MAIN STREET  
DUNEDIN, FL. 34698  
727-210-2552**

10/10/2003

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**

**REGARDING: COUNTRYSIDE INSTITUTE OF SELF DEFENSE, INC.**

**PLEASE CONSIDER WAVING THE PENALTIES FOR LATE FILING FOR THE ABOVE CORPORATION. MR. BARRIGA HAS BEEN OUT OF THE COUNTRY. HE HAS BEEN IN ARGENTINA TRAINING OUR TROOPS IN MARTIAL ARTS FOR THE ANTI TERRORIST TASK FORCE.**

**MR. BARRIGA HAS ASK ME TO FORWARD THE APPLICATION FOR REINSTATEMENT.**

**THANK YOU FOR YOUR HELP IN THIS MATTER. PLEASE SEND RESPONSE TO MY OFFICE AT THE ABOVE ADDRESS.**

**RESPECTFULLY SUBMITTED,**



**HARLEY JACOBS  
PRESIDENT**