

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 27 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 267819

1. Corporation Name

DE CARLO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

MR. CHARLES DE CARLO
719 N.E. 1ST ST.
GAINESVILLE, FL. 32601

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

2. New Principal Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 15-916

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1963

5. FEI Number

59-1227567

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	DECARLO, CHARLES L.	719 N.E. 1ST ST	GAINESVILLE, FL. 32601

700002018107--2

-12/03/96--01115--009

***575.00 ***575.00

11/27/96

8. Name and Address of Current Registered Agent

ROBERT Y. CHULOCK
9300 S. DADELAND BLVD #603
MIAMI, FL. 33156

9. Name and Address of New Registered Agent

Name CHARLES L. DE CARLO
Street Address (P.O. Box Number is Not Acceptable)
719 N.E. 1ST ST
Suite, Apt. #, Etc.
City GAINESVILLE, State FL Zip Code 32601

CS-2040 (12/95)

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.

Signature of Registered Agent Robert Y. Chulock, Esq. Date 11-12-96
ACTIVE UNDER POWER OF ATTORNEY FOR CHARLES L. DE CARLO 2/16/94 - 6/1/96
305(666-9730)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐
(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 of Charles L. Decarlo Date 11-12-96 (35) 666-9730
ACTIVE UNDER POWER OF ATTORNEY FOR CHARLES L. DE CARLO 2/16/94 - 6/1/96