

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 267819

1. Corporation Name

DECARLO ENTERPRISES, INC.

Principal Place of Business

MR. CHARLES DECARLO
719 N.E. 1ST STREET
GAINESVILLE FL 32601

Mailing Address

MR. CHARLES DECARLO
719 N.E. 1ST STREET
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

14625 SW 83RD PL

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

32158

Country

USA

3. New Mailing Office Address, If Applicable

14625 SW 83RD PL

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

32158

Country

USA

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)

| Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|----------|-------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------|
| PDS | DECARLO, CHARLES L | 14625 SW 83RD PL | MIAMI FL 33158 |
| VPT | VAN PATTEN, ROSE ELLEN | 14625 SE 83RD PL | MAIMI FL 33158 |
| | | | 900003454879--3 -11/07/00--01050--020 ****750.00 ****750.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

VAN PATTEN, ROSE ELLEN
14625 SW 83RD PL
MIAMI FL 32158

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.

Signature of
Registered Agent

Rose Ellen Van Patten
REGISTERED AGENT MUST SIGN

Date *10/23/00*

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:

Rose Ellen Van Patten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/00

Daytime Phone #