

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

99 APR - 8 AM 11:15

TALLahassee, FLORIDA

DOCUMENT # **279752**

1. Corporation Name

FRANK CARROLL OIL COMPANY

1998-99



Principal Place of Business	Mailing Address
2958 FOWLER ST P. O. BOX 2158 (2020 HWY. 17 S.) FT MYERS FL 33901 US	2958 FOWLER ST P. O. BOX 2158 (2020 HWY. 17 S.) FT MYERS FL 33901 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

4. Date Incorporated or Qualified To Do Business in Florida: **03/24/1964**

5. FEI Number: **59-1039090**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	CHILDS-HOOVER, MARTHA R	3115 SE MONTGOMERY CIRCLE	ARCADIA FL 34266
VP	WOLFE, ROBERT J	2300 MURRY RD	ALVA FL delete
ST	STEPHEN D. CHILDS	42601 EQUESTRIAN CIRCLE #800 1719 S.E. 8TH AVE	FT. MYERS FL CAPE CORAL, FL 33990

REINSTATEMENT 98-99 **12/4/99**

8. Name and Address of Current Registered Agent

~~WOLFE, ROBERT J~~
~~2300 MURRY RD~~
~~ALVA FL 33920~~

PAUL HOOVER
3115 S.E. MONTGOMERY CIR
ARCADIA FL 34266

9. Name and Address of New Registered Agent

Name: **PAUL HOOVER**
 Street Address (P.O. Box Number is Not Acceptable): **3115 S.E. MONTGOMERY CIRCLE**
 Suite, Apt. #, Etc.:
 City: **ARCADIA**
 State: **FL** Zip Code: **33821 34266**

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: *[Signature]*
 REGISTERED AGENT MUST SIGN

Date: **3/17/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax)

12. 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: Martha R. Childs Hoover]* **12/17/98** **941-494-2605**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)