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**

1998-99

1. Corporation Name

FRANK CARROLL OIL COMPANY

Principal Place of Business	Mailing Address
2958 FOWLER ST	2958 FOWLER ST
~~P. O. BOX 2158 (2020 HWY. 17 S.)~~	~~P. O. BOX 2158 (2020 HWY. 17 S.)~~
FT MYERS FL 33901	FT MYERS FL 33901
US	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 — 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (DO NOT Use Post Office Box Numbers)	City / State / Zip 4
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	~~12501 EQUESTRIAN CIRCLE #803~~ 1719 S.E. 8TH AVE	~~FT.MYERS FL~~ CAPE CORAL, FL 33990

REINSTATEMENT 98-99 B 4/9/99

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 ~~33821~~ 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: Martha R. Childs-Hoover — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 12/17/98 — 941-494-2605

CR2E040 (9/98)

0069195 AF