PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

97 APR

APPLICATION FOR REINSTATEMENT

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

FILED
97 DEC 22 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G60978

1. Corporation Name
CARROLL ELECTRONICS, INC.

Principal Place of Business	Mailing Address
710 N.E. 26 ST. WILTON MANORS FL 33305 US	P.O. BOX 24605 FT. LAUDERDALE FL 33307 US

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/23/1983

5. FEI Number: 59-2050810 | 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
PD	NAGLE, DAVID C	710 NE 26TH STREET	WILTON MANORS FL 33305

100002382591--1
-12/24/97--01074--010
****165.00 ****165.00

8. Name and Address of Current Registered Agent
NAGLE, DAVID C
680 NE 40TH COURT
OAKLAND PARK FL 33334

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

CR2E040 (8/97)

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: M S S Date: Dec. 10 - 1997

REGISTERED AGENT MUST SIGN

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: M S S D. NAGLE.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 10-97
Date

954 561-
Daytime Phone #

To Whom it may concern. (2)

I received this notice by mail so I called your phone number and was helped by a lady named Amy Allen. I Explained to her I somehow never received a prior form (although the mailing address is correct). She told me to send in $165 for the fee and a letter explaining the matter I hope this has.

Thanking You
in advance,
Leza Palmer.
WORK # 954-561-0346.