

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000069790

1. Corporation Name

MARIA CARROLL, INC.

Principal Place of Business

1369 PINEBROOK DR  
CLEARWATER FL 33755

Mailing Address

1369 PINEBROOK DR  
CLEARWATER FL 33755

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

07/13/2001

5. FEI Number

071683315

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	City / State / Zip 4
PD	CARROLL, MARIA A	1369 PINEBROOK DR	CLEARWATER FL 33755

800008599938  
10/25/02--01108--018 \*\*150.00

8. Name and Address of Current Registered Agent

CARROLL, MARIA A  
1369 PINEBROOK DR  
CLEARWATER FL 33755

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Maria Carroll*  
REGISTERED AGENT MUST SIGN

Date

10-23-02

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:

*Maria Carroll*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-02 (727)  
562-003

CR2E040 (8/02)

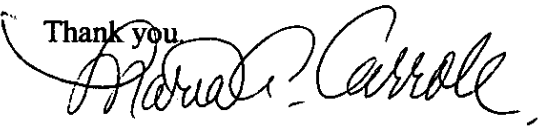
Maria Carroll, Inc.  
1369 Pine Brook Dr.  
Clearwater, FL 33755

To: The Department of State

Re: Reinstatement of corporation

I did not receive the UBR form in the mail and being a "new" corporation, I had no idea to expect it. Today, October 23, I received the revocation notice. After calling your department, I was told to sign the form and submit the \$150 Fee together with this letter stating that I had not received the prior notice.

Thank you

  
Maria A. Carroll  
(727) 562-0103