

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000018609

1. Corporation Name

DARRELL ENTERPRISE, INC.

2. Principal Office Address - No P.O. Box #

2300 NW 180 Terr

Suite, Apt. #, etc.

City & State

MIAMI GARDEN, FL

Zip

33056

Country

USA

3. Mailing Office Address

2300 NW 180 Terr

Suite, Apt. #, etc.

City & State

MIAMI GARDEN, FL

Zip

33056

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/2005

5. FEI Number

20-2305845

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THE BROWN LAW GROUP

Street Address (P.O. Box Number is Not Acceptable)

1195 NW 119 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33168

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

7/21/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	MORGAN, WILLIE III	2300 NW 180 Terr	MIAMI GARDEN, FL 33056

10. E-mail Address: **MELVIN11@LIVE.COM**

(To be used for future annual report notification)

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. I further certify, 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/21/10

Daytime Phone #

7/23/10