PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99AR

FILED
97 NOV 17 PM 12:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000055514

1. Corporation Name
CARROLL ART, INC.

Principal Place of Business	Mailing Address
710 NE 26TH ST. WILTON MANORS FL 33305 US	PO 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	3. New Mailing Office Address, If Applicable
NA.	NA.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33305 Country	Zip 33307 Country

4. Date Incorporated or Qualified To Do Business In Florida: 08/06/1993

5. FEI Number: 65-0470167 ☐ 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
D	NAGLE, LIZA	2301 NE 20TH STREET	FT. LAUDERDALE FL 33305

900002350979--8
-11/18/37--01085--014
****165.00 ****165.00

8. Name and Address of Current Registered Agent

NAGLE, LIZA
517 SW 19TH ST
FT. LAUDERDALE FL 33315

9. Name and Address of New Registered Agent

Name: NA.
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: [signature] REGISTERED AGENT MUST SIGN Date: 11.10.97.

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] Liza Nagle 11.10.97 954 561-0407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11.13.97 2

To whom it may concern.

Enclosed is my filled out + completed form for Corp. Report Annual. The Zip Code on the address was incorrect. This was the first document I received I spoke with Stacey today and told her of the address mistake. (850-487-6056) 9:45 am She told me to write this letter explaining this to you as this may have been the reason I had not received my earlier notices. She told me to enclose this check in the amount of $165 as this is the orginal amount due. If I need to send another letter on this matter I can be reached at 954-561-0407.

Thank You Very much.

Liza Nagle.

P.S. The Correct Zip is 33305 + 33307.
You had 33315 for both.