

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000097689

1. Corporation Name

FEROL, INC.

Principal Place of Business

13232 N. DALE MABRY
TAMPA FL 33618

Mailing Address

13232 N. DALE MABRY
TAMPA FL 33618



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

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3411359

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
P	COOLBERTH, ROBERTA D	13232 N DALEMABRY HWY	TAMPA FL 33618
S	INHOFFER, TONI L	4630 KENNY CT 114 CRENSHAW LAKE RD	LAND O' LAKES FL 34639 LUTZ, FL 33548

200008637362
10/28/02--01124--020 **150.00

8. Name and Address of Current Registered Agent

WACKER, ROBERTA D.
13232 N. DALE MABRY
TAMPA FL 33618

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 (8/02)

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

Robert D. Wacker
REGISTERED AGENT MUST SIGN

Date

10-23-02
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:

TONI L INHOFFER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02

Daytime Phone #

To whom it may concern -

I did not receive any
UBR notices prior to this one.
You do have my correct
address so hopefully this
won't happen in the future.

Any questions
I can be reached
at (813) 968-7165

Thank you,
Jon L. Ingber