

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 NOV -8 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P97000080192

1. Corporation Name

VAL CARROLL ENTERPRISES, INC.

Principal Place of Business

6040 SOUTHWEST 28TH STREET  
MIAMI FL 33155

Mailing Address

6040 SOUTHWEST 28TH STREET  
MIAMI FL 33155



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/16/1997

5. FEI Number

59-2218644

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| P             | CARROLL, VAL                              | 6040 SOUTHWEST 28TH STREET                             | MIAMI FL 33155          |
|               |   |  |                         |
|               |   |  |                         |
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|               |   |  |                         |

300008885423  
11/08/02--01019--003 \*\*150.00

8. Name and Address of Current Registered Agent

CARROLL, VAL  
6040 SOUTHWEST 28TH STREET  
MIAMI FL 33155

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 (802)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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.

305.661.1296

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VAL CARROLL, president NOV 1, 2002

Val Carroll ENTERPRISES INC.

NOV 1, 2002

FLORIDA DEPT OF STATE  
JIM SMITH  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: FEI# 59-2218644

TO WHOM IT MAY CONCERN,

FOR SOME ODD REASON, I NEVER RECEIVED MY ANNUAL BUSINESS REPORT OR REMINDERS OR SECOND NOTICES FOR 2002. SO, IT CAME AS A BIG SURPRISE TO RECEIVE THIS NOTICE IN THE MAIL!!

PLEASE CHECK TO MAKE CERTAIN THAT ALL NOTICES GO TO THE ADDRESS BELOW AND NONE OTHER. PLEASE WAIVE THE PENALTY AND DO SEND THE 2003 NOTICE AT YOUR EARLIEST CONVENIENCE. I HAVE ENCLOSE \$150 FOR THE YEAR 2002.

SINCERELY,

Val Carroll, PRESIDENT  
SOLE PROPRIETOR  
ARTIST