

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

FILED

99 JAN 15 PM 1:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000092417

1. Corporation Name

CAROLE-ANN CUSTOM MICA & STORE FIXTURES, INC.

Principal Place of Business

4980 S.W. 52ND ST.
 BAY 116
 DAVIE FL 33314

Mailing Address

4980 S.W. 52ND ST.
 BAY 116
 DAVIE FL 33314

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

10/28/1997

5. FEI Number

1050790258

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 |
|------------|-------------------------------------|---|--|
| PRES | Carole Nicolosi | 3950 SW 72 St | DAVIE FL 33314 |
| | | | 800002747838-9 -01/20/99-01064-005 ****150.00 ****150.00 |
| | | | 800002747838-9 -01/20/99-01064-005 ****150.00 ****150.00 |

8. Name and Address of Current Registered Agent

NICOLOSI, CAROLE A
 4980 S.W. 52ND ST.
 BAY 116
 DAVIE FL 33314

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Carole Nicolosi
 REGISTERED AGENT MUST SIGN

Date

1/31/98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carole Nicolosi
 CAROLE NICOLOSI

Date

1/30/98

Daytime Phone #

321 8646

To whom it may concern,

I have call twice regarding this I was told by 2 different lady's that I was able to send in \$50.00 I was not notify before with my letter. I was not aware that this is a yearly thing. I was told about know, & that is why they are giving me a boat.

Thank You
Carole Ann Custon
Mills.

I was told to send a \$150.00 Check for 1998 too.

Then there 2 Thank You
Chude

Spoke to
Sharon