

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUN -6 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000093343

1. Corporation Name

FRED WORROLL, INC.

2. Principal Office Address

6006 SW 18TH ST.

Suite, Apt. #, etc.

SUITE B-7

City & State

BOCA RATON, FL

Zip

33433

Country

USA

3. Mailing Office Address

6006 SW 18TH ST.

Suite, Apt. #, etc.

SUITE B-7

City & State

BOCA RATON, FL

Zip

33433

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

10/30/97

5. FEI Number

650114823

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

FREDERICK WORROLL

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

6006 SW 18TH ST.

Suite, Apt. #, Etc.

SUITE B-7

City

BOCA RATON, FL

State

FL

Zip Code

33433

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 6/04/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	FREDERICK WORROLL	6006 SW 18TH ST SUITE B-7	BOCA RATON, FL 33433

10. 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 corporation same 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

Date

Daytime Phone #

Frederick Worroll