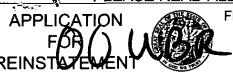
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P99000054664 **DOCUMENT#**

1. Corporation Name

KEVIN CARROLL ENTERPRISES, INC.

Principal Place of Business

51 3RD STREET

BONITA SPRINGS FL 34134

Mailing Address 51 3RD STREET

BONITA SPRINGS FL 34134

FILED STURETARY OF STATE PRISION OF CORPORATION -

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			<u> </u>		-			
	ncipal Office Address, If Applicable	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida 06/15/1999			
City & Chata		City & State			5. FEI Number 2 58 0646 Applied For			
City & State					<u> </u>	Not Ap		-
Zip	Country	Zip	0	Country		E OF STATUS DESIRED 🔲	\$8.75 Additional Fee require for a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	rida nonprofit c					
Title(s)	e(s) Name of Officers and/or Directors 2		Street Address of Eac Officer and/or Director					
0	CARROLL, KEVIN		51 3RD STREET			BONITA SPRINGS FL 34134		
								-
					O	10000347 -11/21/00 ****150.	729004 1=-01076008- 00 ****150.00	4)
						1	halm	
8. Name and Address of Current Registered Ag			ent		9. Name and /	Address of New Register	ed Agent	
				Name			1	_
	ROLL, KEVIN RD STREET	Street Address (P		(P.O. Box Number	P.O. Box Number is Not Acceptable)			
BONITA SPRINGS FL 34134			Suite, Apt. #, Etc.		itc.			
		City			State Zip Code			
10. I, being Signature of Registered	Agent	REGISTERED AC	M	<u> </u>	obligations of Sect	Date	25-00	_
11. I certify this rein	that I am an officer or director or the rec estatement application, the reason for dis	eiver or trustee ei solution has beer	mpowered to ex n eliminated, the	recute this application as	s provided for in cha es the requirements	apter 607 or 617, F.S. I furl s of section 607.0401 or 61	ther certify that when filing 7.0401, 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.

Date

21015100 OF Corporations MNU9/ Report/Reinstatement Section reinstate,