

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -2 AM 9:31

DOCUMENT # P99000054664

1. Corporation Name

KEVIN CARROLL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

51 3RD STREET
BONITA SPRINGS FL 34134

51 3RD STREET
BONITA SPRINGS FL 34134



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

06/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-358 0646

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
O	CARROLL, KEVIN	51 3RD STREET	BONITA SPRINGS FL 34134
			000003472900--4 -11/21/00--01076--008 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARROLL, KEVIN
51 3RD STREET
BONITA SPRINGS FL 34134

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Kevin Carroll
REGISTERED AGENT MUST SIGN

Date

10-25-00

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:

Kevin Carroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-9489415

CR2E040 (8/00)

EU

10.25.00

Division of Corporations
Annual Report/Reinstatement Section

Please reinstate, this
is my first year as a corporation.
I never recieved any notices,
and was not aware of
when annuals fees were due.

Enclosed is a check for \$1500

Thank You

~~Kevin Carroll~~
Kevin Carroll

Enterprises Inc.

51 3rd Street

Bonita Springs, FL

34134

941-948-9615