

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JUL 17 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S10241**

1. Corporation Name

**A & S DARRING ENT INC II**

Principal Place of Business

Mailing Address

**38 NE 102 ST  
MIAMI SHORES, FL 33138**

**38 NE 102 ST  
MIAMI SHORES, FL 33138**

**REINSTATEMENT 910-97**

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

**10/26/1990**

Suite, Apt. #, etc.

**N/A**

Suite, Apt. #, etc.

**N/A**

5. FEI Number

**65-0228333**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
			<b>400002243164-3</b> <b>-07/21/97--01119--008</b> <b>****373.75 ****373.75</b>
<b>P</b>	<b>DARRING, Stephanie R</b>	<b>38 NE 102 ST</b>	<b>MIAMI SHORES FL 33138</b>
<b>ST</b>	<b>Williams, Vernita C</b>	<b>9970 NW 51 Lane</b>	<b>MIAMI FL 33178</b>

8. Name and Address of Current Registered Agent

**DARRING, Stephanie R**  
**38 NE 102 ST**  
**MIAMI SHORES, FL 33138**

9. Name and Address of New Registered Agent

Name

**N/A**

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

**X** **Stephanie R Darring**  
REGISTERED AGENT MUST SIGN

Date **7/14/97**

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes.

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:

**Stephanie R Darring**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEPHANIE D.R. DARRING** **7/14/97**

Date

**(305)**  
**757-5222**  
Daytime Phone #

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthagen  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S10241 (5)

1. Corporation Name  
A&S DARRING ENTERPRISES, INC., NO. II



Principal Place of Business  
36 NE 102 ST.  
MIAMI FL 33138

Mailing Address  
36 NE 102 ST.  
MIAMI FL 33138-2323

3. Date Incorporated or Qualified 10/26/1990  
3a. Date of Last Report 10/23/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0228333	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

DARRING, STEPHANIE R  
36 NE 102 ST.  
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Stephanie R Darring* DATE 6/18/97

12. OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reinstating)

TITLE	ST	DELETE
NAME	DARRING, AL	
STREET ADDRESS	36 NE 102 ST.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	P	DELETE
NAME	DARRING, R STEPHANIE	
STREET ADDRESS	36 NE 102 ST.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	Change	Addition
1.2 NAME	Vernita C. Williams		
1.3 STREET ADDRESS	9990 NW 51 Lane		
1.4 CITY-ST-ZIP	MIAMI, FL 33178		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Stephanie R Darring* DATE 6/18/97

CR2E034 (9/96)