


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	---	--

DOCUMENT # **S10241**

1. Corporation Name

**A&S DARRING ENTERPRISES, INC., NO. II**

Principal Place of Business

36 E 102 ST.  
MIAMI SHORES FL 33138

Mailing Address

38 NE 102 ST.  
MIAMI SHORES FL 33138

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/1990

5. FEI Number

65-0228333

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	DARRING, STEPHANIE R	38 NE 102 ST.	MIAMI SHORES FL 33138
ST	WILLIAMS, VERNITA C	9970 NW 51 LANE	MIAMI FL 33178
			900004685209--2 -11/16/01--01046--016 ****150.00 ****150.00

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

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

*Stephanie Roberts Darring*  
REGISTERED AGENT MUST SIGN

Date 10/22/01

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:

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

Date 10/22/01 Daytime Phone # (305) 635-7300

10/24/01

Tyrone:

Please be advised the first notice to file with the Division Of Corporations was Never received and we ask that all late fee's be waived. Repeated responses were Made for a second notice with no success. Find enclosed filing documents for Pizza Lover's Of Miami. Inc and A&S Darring Ent. Inc II and checks for \$150.00 For each corporation. Thank you for the attention given to this matter.

Sincerely,

*Stephanie R. Darring*