

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000035325

1. Limited Liability Company's Name

Gatorbait of Florida, LLC

2. Principal Office Address - No P.O. Box #

2656 West Lake Road

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34684

Country

US

3. Mailing Office Address

2656 West Lake Road

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34684

Country

US

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ Applied For
☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Stephen Bennett

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

2656 West Lake Road

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34684

E-mail Address:

200198397432
04/05/11--01008--006 **138.75

wayne@ekrenlaw.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	IKWIK, INC	2274 2274 S.R. 580	Clearwater, FL 33763
			J. SAULSBERRY EXAMINER
			APR 6 2011

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date

3/14/2011

Daytime Phone #

727-781-2566

Typed or printed name of signing Managing Member/Manager