

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PH 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **518182**

1. Corporation Name

**GATOR PLASTICS, INC.**

Principal Place of Business

Mailing Address

775 NW 71ST STREET  
MIAMI FL 33150

775 NW 71ST STREET  
MIAMI FL 33150

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

11/09/1976

5. FEI Number

59-1726469

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	O'BRIEN, JAMES B	531 SW 130TH AVE	DAVIE FL 33325
D	BROOK, KAREN	1436 FUNSTON STREET	HOLLYWOOD FL
D	ASSIF, PATRICIA ANN	459 HINMAN RD	WATERTOWN CT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FEINSTEIN, FRED  
420 SUNRISE PROFESSIONAL BLDG.  
915 MIDDLE RIVER DR.  
FT. LAUDERDALE FL 33304

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE**

Date

REGISTERED AGENT MUST SIGN

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:

**SIGNATURE**  
James O'Brien  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03

Date

(305) 693-1113

Daytime Phone #

CR2040 (7/03)



TEL: (305) 693-1113  
FAX: (305) 693-1112

# *Gator Plastics*

*Plastics Molds and Machinery*

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775 N.W. 71st STREET • MIAMI, FLORIDA 33150

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**October 10, 2003**

**Division of Corporations  
Annual Report / Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL. 32314-6327**

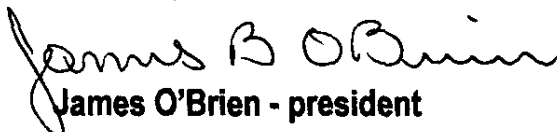
**Ref: Reinstatement of Corporation**

**To whom it may concern;**

**I am writing to inform you that Gator Plastics never received the prior UBR notices. I am also including the fee to file the report without penalty.**

**If you require additional information on this matter please feel free to contact me at my office at ( 305 ) 693-1113 Monday - Friday.**

**Best Regards,**

  
**James O'Brien - president**