PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -7 AM 8:00

DOCUMENT # 749281

1. Corporation Name
North EAST Florida GatorDodgers, INC.

REINSTATEMENT 00-04 MRD

2. Principal Office Address	3. Mailing Office Address
8811-India Ave	8811-India Ave
Suite, Apt. #, etc. Above is Temporary	Suite, Apt. #, etc. waiting on P.O. Box #
City & State Jax. FIA.	City & State Jax. FIA.
Zip / Country USA	Zip / Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10-12-1979

5. FEI Number 592367656 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robert Thompson

Street Address (P.O. Box Number is Not Acceptable): 6410-Waltho Drive

600035733876
05/07/04--01018--016 **481.2

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32277

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Robert Thompson Date: 5-5-04
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Robert Thompson	6410-Waltho Drive	Jax, FIA. 32277
Sec.	Janet Smith	8811-India Ave	Jax, FIA. 32211
Direct.	Rob Soldner	17477 W. Beaver St.	Jax, FIA. 32234

10. 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: Robert Thompson Robert Thompson 5-5-04 904-591-4827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #