

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 21 PM 2:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 846696

1. Corporation Name

GATOR-GARD INCORPORATED

Principal Place of Business

Mailing Address

2880 HIGH RIDGE ROAD
BOYNTON BEACH FL 33426-9705

2800 HIGH RIDGE ROAD
BOYNTON BEACH FL 33435-9705

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

210

Country

210

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/08/1980

5. **SEI Number**

08-1024818

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☒

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	CARPENTER, R C	400 INVERARY DR	VILLANOVA PA
DV	YOUNG, M.	107 CIRCLE DR.	CHALFONT PA
S	CHANCE, STEVEN K.	1212 WEYBRIDGE LANE	RODNOR PA
AT	BYRNE, THOMAS M.	154 SILVER SPRING RD.	PHOENIXVILLE PA
			900002014569--5
			-11/26/96-01107-028
			****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name THE PRENTICE-HALL CORPORATION SYSTEM, INC.		
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET		
Suite, Apt. #, Etc.		
City TALLAHASSEE	State FL	Zip Code 32301

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 By: Margaret Pick **THE PRENTICE-HALL CORPORATION SYSTEM, INC.**
REGISTERED AGENT MUST SIGN

Date 11-14-96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/90

(610) 948-5100