

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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

280 HIGH RIDGE ROAD  
BOYNTON BEACH FL 33426-6705

280 HIGH RIDGE ROAD  
BOYNTON BEACH FL 33426-6705



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT** *gbcw*

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/08/1980	
City & State		City & State		5. FEI Number	
Zip		Country		09-1024818	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

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	CARRIKER, R C	400 INVRARY 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: [Signature]** **DATE REQUIRED** Date **11-14-96**  
REGISTERED AGENT MUST SIGN

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]** **DATE REQUIRED** Date **11/11/96** Daytime Phone # **(609) 948-5100**