

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 SEP -6 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

H37969
Gator Body Shop & Welding, INC.
H37969

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

1508 Grand Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

1508 Grand Blvd.

Suite, Apt. #, etc.

City & State

Holiday, Florida

Zip

34690

Country

GA SCO

City & State

Holiday, Florida

Zip

34690

Country

GA SCO

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/5/1985

5. FEI Number

592490926

☐ 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

Leonard D. Ashcraft

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

1508 Grand Blvd.

Suite, Apt. #, Etc.

City

Holiday

State

FL

Zip Code

34690

000211816150
09/06/11--01044--003 **908.75

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

Leonard D. Ashcraft
REGISTERED AGENT MUST SIGN

Date 9/1/11

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
P/O	Leonard D. Ashcraft	5527 Golden Nugget Dr.	Holiday, FL 34690
S/T	Sherri L. Hisle	5701 Silver Spur Dr.	Holiday, FL 34690

REINSTATEMENT 10-11

T3 9/1/11

10. E-mail Address: Sherribaby1961@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, 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:

Leonard D. Ashcraft
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/11

Date

727-938-6811

Daytime Phone #