

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 25 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J35646

1. Corporation Name

GREEN GATORS, INC

2. Principal Office Address

28 Country Club Road

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL 32931

Zip

32931

Country

USA

3. Mailing Office Address

28 Country Club Road

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL 32931

Zip

32931

Country

USA

REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/30/1986

5. FEI Number

59-272466

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

William M. Ducanis

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

28 Country Club Road

Suite, Apt. #, Etc.

City

Cocoa Beach

State
FL

Zip Code

32931

500003172065-4
-03/16/00--01025--003
****300.00 ****300.00

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

William M. Ducanis

Date 2/10/2000

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
PDT	<u>William M. Ducanis</u>	<u>28 Country Club Road</u>	<u>Cocoa Beach, FL 32931</u>
DVS	<u>Robert J. Ducanis</u>	<u>1258 Burning Tree Lane</u>	<u>Winter Park, FL 32792</u>

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:

William M. Ducanis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00
Date

321 784 5548

Daytime Phone #

CR2E081 (9/99)