

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *page 1/2*

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 22 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J51649**

1. Corporation Name

Gator Technologies Inc.

2. Principal Office Address

1751 Avenida Del Sol

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

Country

33432

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-24-86

5. FEI Number

59-2750156

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

Patricia Saffer

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

23415 RIO DEL MAR DR.

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33486

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

Patricia Saffer

REGISTERED AGENT MUST SIGN

Date **4/14/2003**

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	Neil Saffer	23415 Rio Del Mar Dr	Boca Raton, FL 33486
VP/Sec	Patricia Saffer	23415 Rio Del Mar Dr	Boca Raton, FL 33486

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Saffer

4-14-03

Date

561-395-1308x26

561-901-5320

Daytime Phone #

pprwr

April 14, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Corporation Reinstatement Officer:

I did not receive the corporate filing documents last year. As per your phone instructions, I download the Corporate Reinstatement documents and enclosed a check for \$ 300.00 for the 2002 & 2003 and the \$ 8.75 additional for a Certificate of Status. Thank you for your understanding in advance.

Sincerely,

Patricia Saffer, Sec.
Patricia Saffer, Secretary
Gator Technologies, Inc.
1751 Avenida Del Sol
Boca Raton, FL 33432
561-395-1308 ext 202