### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 10: 51

SECHCIARY OF STATE TALLAHASSEE, FLORIDA

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J64491

1. Corporation Name

GATOR	DISTRIBUTION	RESOURCES	INC
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Principal Place of Business Mailing Addre			ess							
		4040 N.W. 72 Miami Fl 33						)), <b>1,1</b> 1,1	1	
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	addresses are incorrect in any way, line thre incipal Office Address, If Applicable		nformation and enter correction below		に能力の	WI PAND	<u>U U                                  </u>			
Z. New FI	incipal Office Address, if Applicable	3. New Mail	ng Office Address, If Applicable		4. Date Incorp To Do Busir	orated or Qualified ness in Florida	0010	4/1007		
Suite, Apt.	#, etc	Suite, Apt. #,	etc.		-5: FEI-Number	(	00/2	4/1987 	d.Eor	
City & State	8	City & State	<del></del>			65-0057630		_ <del></del>	plicable	
Žip	Country	Zip		Country	,	6. CERTIFICATE	OF STATUS DESIRED		Additional Fee Certificate of	
7. Names	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit	t comora	tions must list at lea	st 3 directors)	<del></del>		<u>-</u> <u>-</u> <u>-</u>	
Title(s)  2  Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip						
PD			4040 NW 72ND AVE			MIAMI FL				
STD	STD HAMMEL, JOHN		4040 NW 72ND AVE			MIAMI FL				
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	8. Name and Address of Current F	Registered Age	nt			9. Name and	Address of New Regi	stered Age	ent	
HAMMEL, JAMES F. 404 <del>0 NW 72ND AVEN</del> UE				ONE B	ENEIW O. Box Number ISCAYN	is Not Acceptable)		SUITE	3660	
MIAMI	FL 33166~			Suite Apt. #, Etc. SOUTH		SOUTH A	BISCAYNE	BL	ND	1
					City MIA	MI		State 2	3313	
10. 1, being	appointed the registered agent of the above	ve named corpo	ration, am fa	miliar wit	th and accept the ob	oligations of Secti	on 607.0505, F.S. or 6	17.0505, F	S.S.	{
Signature o	, esta <b>M</b> ina	<b>\</b>	, 	<del></del>	,		ća d	1010		
Registered	Agent/ // //	GISTERED AG	ENT MUST	SIGN	<del></del>		Date	4/03		
this rein owed by	that I am an officer or director of the receivistatement application, the reason for dissoly the corporation have been paid and the napplication is true and accurate, and my signature.	lution has been ames of individ	npowered to eliminated, thus uals listed on	execute t he compo this form	this application as p rate name satisfies t n do not qualify for a	the requirements an exemption und	of section 607.0401 or	617.0401	. F.S., that all f	fees
.SIGNA1	FURE: SIGNATURE AND TYPED OR PHI	TED NAME OF S	IGNING OFFI	CER OR D	JAMES DIRECTOR	HAMMET	10/9-/03=		477-4.	309



"Florida's Largest Independent Truck Leasing Company"

Apply of the Control of the

### **Corporate Offices**

Miami

4040 NW 72nd. Avenue Miami, FL 33166 Phone: 305-477-4309 Fax: 305-477-6237 Nationwide: 800-442-Gator

#### Florida Locations

Fort Lauderdale

6700 Powerline Road Fort Lauderdale, FL 33309 Phone: 954-979-5662 Fax: 954-979-5773

West Palm Beach

7709 Central Industrial Dr. Riviera Beach, FL 33404 Phone: 561-845-1928 Fax: 561-845-1929

Orlando

9401 Bachman Road Orlando, FL 32824 Phone: 407-438-1800 Fax: 407-438-4733

Bradenton/Sarasota

2580 Whitfield Avenue Sarasota, FL 34243 Phone: 941-756-0324 Fax: 941-756-5184

Tampa

5013 East Broadway Tampa, FL 33619 Phone: 813-247-3534 Fax: 813-247-2790 October 10, 2003

Division of Corporations Annual Report Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

Gator Distribution Resources, Inc. has not received prior annual Uniform Business Reports. Please accept the enclosed reinstatement notice and our check in the amount of \$150.00 to reinstate Gator Distribution Resources, Inc. back to active status.

James F. Hammel

President

Gator Distribution Resources, Inc