

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 NOV 30 PM 12: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K81726

1. Corporation Name

GATOR/LAWN MANAGEMENT COMPANY INC.

Principal Place of Business

Mailing Address

15307 AMBERLY DR
SUITE 110
TAMPA FL 33647
US

% RANDY FERREIRA
~~13001 GLENDALES PLACE~~
~~RIVERVIEW FL 33569~~



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2954308

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers) Street Address of Each Officer and/or Director	4 City / State / Zip
D	FERREIRA, RANDY	34331 MISSION VALLEY DR	DADE CITY FL 33525
V	LANE, CHRIS	530 N G STREET 10533 Branchton Church Road	TAMPA FL 33468 Thonoto Sassa, FL 33092
D	FERRERIRA, RANDY	34331 MISSION VALLEY DR	DADE CITY FL
D	CULVER, DOROTHY M.	4616 Turtle Creek Circle #506	Lutz, FL 33549
REINSTATEMENT '98 11-30-98 SCC			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERREIRA, RANDY X
34331 MISSION VALLEY DR
DADE CITY FL 33525

Name

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

Suite, Apt. #, Etc.

City

400002704364-8

-12/07/98-01140-013

***750.75 State Zip Code 758.75

FL

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

Date

11/30/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/98

Date

813-910-0505

Daytime Phone #

CR20040 (9/98)