

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 AM 9:48

DOCUMENT # **K99200**

1. Corporation Name

R. J. GATORS MANAGEMENT, INC.

Principal Place of Business

Mailing Address

C/O REGINALD L TIMOTEO
609 N HEPBURN AVE #103
JUPITER FL 33458

C/O REGINALD L TIMOTEO
609 N HEPBURN AVE #103
JUPITER FL 33458



REINSTATEMENT 01

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

06/21/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0169404

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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 Street Address of Each Officer and/or Director	4 City / State / Zip
P	TIMOTEO, REGINALD L	609 N HEPBURN AVE #103	JUPITER FL
D	TIMOTEO, MITCHELL	609 N HEPBURN AVE #103	JUPITER FL

700004657867--3
-10/29/01--01087--013
****750.00 ****750.00

8. Name and Address of Current Registered Agent

TIMOTEO, REGINALD L
609 N HEPBURN AVE #103
JUPITER FL 33458

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	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

Reginald L Timoteo
REGISTERED AGENT MUST SIGN

Date 10-16-01

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., 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:

Reginald L Timoteo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-01

Date

Daytime Phone #

CR2040 (8/01)