PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLIČÁTION

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable

•	The state of the s	5. New Maining Office Address	, n Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip Cour	ntry		

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Suite, Apt. #, etc. Suite, Ap City & State City & Sta			3. New Maining Office Address, if Applicable		Date Incorporated or Qualified To Do Business in Florida O6/21/1989				
				5. FEI Number 65-0169404		Applied For			
Zip		Country	Zip		Country	6. CERTIFICAT	TE OF STATUS DESIRED SE	Not Applicable 3.75 Additional Fee required for a Certificate of Status	
7. Names	s and Street Add	dresses of Each Officer an	d/or Director (Florida nonprofit	corporations must list at I	east 3 directors)			
Title(s)	2	Name of Officers and/or Directors	-	3	Street Address of Ea Officer and/or Direct	ch	City / S	State / Zip	
P	TIMOTEO,	reginald L	609 N HEPBURN AVE		PBURN AVE #103	JUPITER FL			
D TIMOTEO, MITCHELL		MITCHELL	· · · · · · · · · · · · · · · · · · ·	609 N HEPBURN AVE #103			JUPITER FL		
						90 11/04/	00087903 0201094015	**150.00	
			•		1/2/1/	46			
	<u> </u>				<i>\Phi</i>	\			
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
TIMOTEO, REGINALD L 609 N HEPBURN AVE #103 JUPITER FL 33458				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code					
0. I, being	appointed the i	egistered agent of the abo	ove named corp	poration, am fami	liar with and accept the o	bligations of Section	on 607.0505, F.S. or 617.0505	5, F.S.	
					_				

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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE



October 31, 2002

Department of State-Division of Corporations Annual Report/Reinstatement Section 409 East Gaines St. Tallahassee, FL 32399

Re: Application for Reinstatement Doc# K99200 – R.J.Gator's Management, Inc.

To Whom It May Concern:

Enclosed is the completed application and fee for reinstatement. We did not receive the two previously sent (UBR) Uniform Business Report notices. If these previous notices were sent they must have been sent to an incorrect address or, recipient. We have no record in our office of ever receiving documents prior to the enclosed forms.

If there are any problems in reinstatement, please contact our office at (561)-748-6731.

Thank you for your cooperation and immediate attention to this matter.

Reginald Timoteo

CEO