

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 OCT -9 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L040000 79739

**1. Limited Liability Company's Name**

GATOR'S OF CLERMONT, LLC

CR2E041 (8/05)

**2. Principal Office Address**

1515 INTERNATIONAL PKWY

Suite, Apt. #, etc.

STE 2013

City & State

HEATHROW, FL

Zip

32746

Country

USA

**3. Mailing Office Address**

1515 INTERNATIONAL PKWY

Suite, Apt. #, etc.

STE 2013

City & State

HEATHROW, FL

Zip

32746

Country

USA

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified  
To Do Business in Florida**

10/29/2004

**6. FEI Number**

20-4303049

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

AGENTS AND CORPORATIONS, INC.

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

STE E, 773 4TH AVENUE NORTH

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34102

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of  
Registered Agent

*Dan N. Williams*

REGISTERED AGENT MUST SIGN

Date 10/6/2007

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	CHRISTOPHER M. SWARTZ	1515 INTERNATIONAL PKWY STE. 2013	HEATHROW, FL 32746
		<b>REINSTATEMENT</b> 05-06 <i>AS</i>	

100080688581  
10/10/06--01060--012 \*\*205.00

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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  
Managing Member/Manager

*Christopher M. Swartz*

Date 10/6/2007

Daytime Phone #

407

448-9502

Typed or printed name of signing Managing Member/Manager CHRISTOPHER M. SWARTZ