

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 23 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000083337

1. Limited Liability Company's Name

Gator 66, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

12360 66th STREET N.

Suite, Apt. #, etc.

3. Mailing Office Address

12360 66th STREET N.

Suite, Apt. #, etc.

City & State

LARGO, FLORIDA

Zip

33773

Country

USA

City & State

LARGO, FLORIDA

Zip

33773

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

8/23/05

6. FEI Number

20-3531221

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

CARLTON R. WARD

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

1253 PARK STREET

Suite, Apt. #, Etc.

RICHARDS, GILKEY, FITE, ET AL.

City

CLEARWATER

State

FL

Zip Code

33756

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Carlton Ward
REGISTERED AGENT MUST SIGN

Date 2-15-07

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
MGR.	LENORE JACOBS	12360 66 th ST. N.	LARGO, FL. 33773
			200089978662
			02/01/07--01048--009 **200.00
			REINSTATEMENT 06-07

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

Lenore Jacobs

Date 2/15/07

Daytime Phone # 727-335-9895

Typed or printed name of signing Managing Member/Manager

LENORE JACOBS, MANAGER