

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -2 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100167768811
02/02/10-01013-014 ***416.75
CR2E041 (11/09)

DOCUMENT # 107000042308

1. Limited Liability Company's Name

Gatorlocks LLC

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

17911 Slater Rd

Suite, Apt. #, etc.

3. Mailing Office Address

5660 Bayshore Rd #27

Suite, Apt. #, etc.

City & State

North Ft. Myers

Zip

33917

Country

USA

City & State

North Fort Myers

Zip

33917

Country

USA

4. State/Country of Formation

Lee

5. Date Organized or Qualified
To Do Business in Florida

12/14/09

6. FEI Number

NONE

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

Robert Barker

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

17911 Slater Rd

Suite, Apt. #, Etc.

City

North Ft. Myers, FL

State

FL

Zip Code

33917

☒ 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

Robert W. Barker

REGISTERED AGENT MUST SIGN

Date

1/25/10

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
MGRM	Robert W. Barker	17911 Slater Rd	North Ft. Myers, FL 33917
MGRM	Mary Jane Barker	17911 Slater Rd	North Fort Myers, FL 33917
MGRM	Byrnece Streetzel	17911 Slater Rd.	North Fort Myers, FL 33917
REINSTATEMENT 08-10 RB			

11. E-mail Address: Byrnece@comcast.net

(To be used for future annual report notifications)

12. 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 608.408, 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

Robert W. Barker

1/26/10

Daytime Phone #

239-634-8077

Typed or printed name of signing Managing Member/Manager

416.25