

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M05000002349**

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

Gator-Mon, LLC

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

1224 Calle Lago

Suite, Apt. #, etc.

City & State

El Paso, TX

Zip

79912

Country

USA

**3. Mailing Office Address**

1224 Calle Lago

Suite, Apt. #, etc.

City & State

El Paso, TX

Zip

79912

Country

USA

**4. State/Country of Formation**

Texas, USA

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

April 29, 2005

**6. FEI Number**

20-2668179

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

Treiser & Collins, PL

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

3080 Tamiami Trail East

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34112

☒ 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

*John M. Dickason*

REGISTERED AGENT MUST SIGN

Date

**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	Dickason, John Marc <i>us</i>	1224 Calle Lago	El Paso, TX 79912
Mgr	Reddi-Dickason, Renuka	1224 Calle Lago	El Paso, TX 79912

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**REINSTATEMENT**

**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

*John M. Dickason*

Date

Daytime Phone # 915-833-2264

Typed or printed name of signing Managing Member/Manager John Marc Dickason, Mgr.