


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

05 SEP 14 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 31407

1. Corporation Name

Gator Invitational Sports Ability Games

2. Principal Office Address

1901 NE 9th St

Suite, Apt. #, etc.

(Howard Bishop Mid. Sch)

City & State

Gainesville, FL

Zip

32609

Country

Alachua

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1989

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2005 AR

7. Name and Address of Current Registered Agent

Name

Claudia Siders

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

1901 NE 9th St

Suite, Apt. #, Etc.

Howard Bishop Middle School

City

Gainesville

State

FL

Zip Code

32609

900059740779

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Claudia C Siders

Date

7 Sept 05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Claudia C Siders	11318 NW 115th Terr	Alachua, FL 32615
VP	Emerg Bishop	2715 NW 4th Ave	Gainesville, FL 32601
Treas	Shirley Williams	1901 NE 9th St	Gainesville, FL 32609

10. 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:

Claudia Siders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/7/05

Daytime Phone #

352-955-6701

CR2E081 (01/05)