

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV 10 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001452

1. Corporation Name

GATORS ONLY FOUNDATION, INC.

Principal Place of Business

**310 N-DALE MABRY-HIGHWAY
TAMPA-FL-33609**

Mailing Address

**310 N-DALE MABRY-HIGHWAY
TAMPA-FL-33609**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

227 COLONY PT. RD. SO.

Suite, Apt. #, etc.

ST. PETERSBURG

City & State

FLORIDA

Zip

33705

Country

USA

3. New Mailing Office Address, If Applicable

227 COLONY PT. RD. SO.

Suite, Apt. #, etc.

ST. PETERSBURG

City & State

FLORIDA

Zip

33705

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/1995

5. FEI Number

59-3466238

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	HOWARD, MARY K	227 COLONY POINT ROAD SOUTH	ST. PETERSBURG FL 33705
VSTD	HOWARD, WILLIAM G	227 COLONY POINT ROAD SOUTH	ST. PETERSBURG FL 33705
D	KARKUT, EMILY P	14 MOTT ROAD	BALDWINVILLE NY 13027

8. Name and Address of Current Registered Agent

**HOWARD, MARY K
310 N-DALE MABRY-HIGHWAY
TAMPA-FL-33609**

9. Name and Address of New Registered Agent

Name
MARY K. HOWARD
Street Address (P.O. Box Number is Not Acceptable)
227 COLONY PT. RD. SO.
Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33705

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent **Mary K Howard**

REGISTERED AGENT MUST SIGN

Date **11-3-97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for Information
on Intangible tax.)

12. 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: **Mary K Howard** **MARY K HOWARD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-97

Date

813 865-6644

Daytime Phone #

CR20040 (8/97)