

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000004801**

1. Corporation Name

GATOR PRIDE BOOSTER CLUB, INC.

Principal Place of Business

Mailing Address

1880 S TREASURE DR
48
MIAMI FL 33141

1880 S TREASURE DR
48
MIAMI FL 33141

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1995

5. FEI Number

65-0613865

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 3	City / State / Zip 4
D	LATSHAW, DONNA	8815 SW 154 TERRACE	MIAMI FL 33157
D	LATSHAW, CHARLES	18825 SW 154 TERRACE	MIAMI FL 33157
D	AMARIS, SALVADOR	21 WEST 63 ST	HIALEAH FL 33012
			000028012560 03/16/04--01009--019 **61.25
			000028012560 02/02/04--01057--022 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LATSHAW, DONNA
8825 SW 154 TERRACE
MIAMI FL 33157

Name

Marylin Pina

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

8351 NW 154 Terr

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33015

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9-30-03

11. 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:

Donna M. Latshaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/21/04

Daytime Phone #

305-253-0474

FILED

04 MAR 16 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT D3-04

CR2E040 (7/03)