1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 19 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000039589

1. Corporation Name
ITALIAN GATOR INC
1728 W UNIVERSITY AVE #A
GAINSVILLE FL 32603

2. Principal Office Address	**3.** Mailing Office Address
1728 W. UNIVERSITY AVE	
Suite, Apt. #, etc.: #A	Suite, Apt. #, etc.:
City & State: GAINSVILLE	City & State: FL
Zip: 32603 / Country: ALACHUA	Zip: / Country:

200029034982
02/19/04--01005--010 **300.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1002019 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

REINSTATEMENT

Name: FREDDIE R GRASHOFF
Street Address (P.O. Box Number is Not Acceptable): 5450 NW 33RD AVE STE 111
Suite, Apt. #, Etc.:
City: FT. LAUDERDALE | State: FL | Zip Code: 33309

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: _____ Date: _____
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	JOEL MILLS ~~5450 NW 33RD AVE~~	5450 NW 33RD AVE SUITE 111	FT. LAUDERDALE FL 33309
VP	PETER LICATA	5451 NW 33RD AVE SUITE 111	FT. LAUDERDALE FL 33309

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: _____ 2/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RB

ASTUTE TAX & ACCOUNTING, INC.
5450 NW 33RD AVENUE, STE. 111
FT. LAUDERDALE, FL. 33309
954-484-1950---FAX 954-484-1199

January 5, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Italian Gator, Inc.
65-1002019

Gentlemen:

We are the accountants for the above mentioned company. For some unknown reason, they never received their first notice for filing of the 2003 Uniform Business Report.

Enclosed is their check for $150,00. Would you be kind enough to wave the late charges on his account. We would be very great full for anything you can do for us.

We as their accountants will make sure this does not happen again. Thank you again for your kind considération.

Sincerely,

Marsha Hilsenrad
Office Manager
Astute Tax & Accounting, Inc.

AS PER MY CONVERSATION ON 2/3/04 ENCLOSED IS THE REINSTATEMENT FORM FOR A CHECK FOR $300.00 FOR LAST YEAR AND THIS YEAR. THANK YOU FOR YOUR KIND ATTENTION IN THIS MATTER.