PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION ... FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPGRATIONS

P00000061175 **DOCUMENT #**

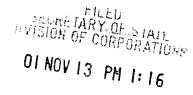
1. Corporation Name

SIGNATURE:

R. J. GATORS OF BOYNTON BEACH, INC.

Principal	Place of F	Business

Mailing Address



T BROKERON OKO ROBER ODER KOREN ROKEN DEREK DEREK DORIO BILDE HERON EKKEL LEGON DEREK KODE

609 N. HEPBURN AVE., SUITE 103 609 N. HEPBURN AVE., SUITE 103 JUPITER FL 33469 JUPITER FL 33469						
If above addresses are incorrect in any	way, line through incorrect in	nformation and enter correction below.	DEN	hstatement on		
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		4. Date incorp	4. Date incorporated or Qualified			
Suite, Apt. #, etc. Suite, Apt. #, etc.		etc.	5. FEI Number	06/19/2000		
City & State City & State				Applied For Not Applied		
=Zip=====Gountry	-Zip	-Gountry	6. CERTIFICATE	OF STATUS DESIRED S8.75 Additional Fee requirements of States	uired	
7. Names and Street Addresses of Each	Officer and/or Director (Flo	rida nonprofit corporations must list at	least 3 directors)			
Title(s) Name of and/or D		Street Address of Ea Officer and/or Direct		City / State / Zip		
P PIMOTEO,	REGINALD	6109 FOUNTAIN	PALM DA.	JUPITER FL. 33458		
		Section :	T	00004700847 -11/30/0101070017	2	
		<u>'</u>		**** ⁷⁵⁸ .08 ****750.8	0	
				161/29		
				Y		
Name and Address of Current Registered Agent		9. Name and A	Address of New Registered Agent			
THATTA BEAULUR I		Name			(8/01)	
TIMOTEO, REGINALD L 609 N. HEPBURN AVE., SUITE 103		Street Address	s (P.O. Box Number	is Not Acceptable)	CR2E040	
JUPITER FL-33469		Suite, Apt. #, E	tc			
		City		State Zip Code	-	
10. I, being appointed the registered ager	nt of the above named corpo	ration, am familiar with and accept the	obligations of Secti	on 607.0505, F.S.		
Signature of Registered Agent	REGISTERED AG	ENT MUST SIGN		Date 10-16-01	_	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR