

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC -3 PM 4: 25

DOCUMENT # 00000089722

1. Corporation Name

Gator Wood Shavings Inc.

2001
LIBR

2. Principal Office Address

1227 NE 138th Place

Suite, Apt. #, etc.

3. Mailing Office Address

4227 NE 138th Place

Suite, Apt. #, etc.

City & State

Anthony, FL

Country

32617 USA

City & State

Anthony, FL

Zip

32617 USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/21/00

5. FEI Number

59-3681282

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

James Van Wagner

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

4227 NE 138th Place

Suite, Apt. #, Etc.

City

Anthony

State

FL

Zip Code

32617

700004725567-7

12/14/01-0104-005

***150.00 ***150.00

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/28/01

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

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Eric Van Wagner	4198 East Hwy 329	Sparr, FL 32192
Vice Pres.	James Van Wagner	4227 NE 138th Place	Anthony, FL 32617
Secy.	Tony Baxley	1576 East City Rd 329	Sparr, FL 32192
Treas.			

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 taxes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/28/01

Daytime Phone #

2 of 2

Gator Wood Shavings, Inc.
4227 Northeast 138th Place
Anthony, Fl. 32617
352-351-1613

November 28, 2001

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

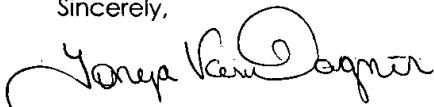
To Whom It May Concern,

I called your office on Tuesday, November 27, 2001 to find out how to reinstate our Corporation. The person I talked to informed me that the annual report was mailed out twice and was sent back twice. Being the agent listed only has a Post Office Box. No mail gets delivered to that street address.

On the new reinstatement form I made all the changes needed so this doesn't happen again. The lady I spoke with said to fill out the form and send a letter attached along with a check for \$150.00 because our company would not have to pay the regular reinstatement fee.

If there are any questions please feel free to call (352) 351-1613.

Sincerely,



Tonya VanWagner