

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000097214

1. Entity Name
GATOR WELL DRILLING, INC.



FILED
06 JAN 26 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5710 STALEY ROAD
FORT MYERS, FL 33905

Mailing Address
PO BOX 1781
LEHIGH ACRES, FL 33971

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT
11/1/2005 REIN-P-1 CR2E098 605-06

4. FEI Number
65-1046797

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSELL, EARL
322 GUNNERY RD
STE. D
LEHIGH ACRES, FL 33971

Cancel

Name Robert A Parker

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

5710 Staley Rd

City Fort Myers

FL

Zip Code 33905

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert A Parker

11-8-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPS
NAME PARKER, ROBERT A
STREET ADDRESS 2168 TREEHAVEN CIRCLE ST #180
CITY-ST-ZIP FORT MYERS, FL 33905

☐ Delete

TITLE President
NAME Parker Robert A.
STREET ADDRESS 5710 Staley Rd.
CITY-ST-ZIP Ft. Myers, FL 33905

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

Robert A Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-05 239 9105143

X Date

X Daytime Phone #