

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000118672

1. Corporation Name

ALLIGATOR, INC.

Principal Place of Business

5079 N. DIXIE HWY., STE. 140  
OAKLAND PARK FL 33334

Mailing Address

5079 N. DIXIE HWY., STE. 140  
OAKLAND PARK FL 33334



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 Incorporated or Qualified  
To Do Business in Florida

12/14/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1159280

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ACEVEDO, ROBERTO	5079 N. DIXIE HWY., STE. 140	OAKLAND PARK FL 33334

800009320898  
12/03/02--01061--013 \*\*150.00

11/12/02

8. Name and Address of Current Registered Agent

ACEVEDO, ROBERTO  
5079 N. DIXIE HWY., STE. 140  
OAKLAND PARK FL 33334

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/9/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/9/02

CR2E040 (8/02)

ALLIGATOR, INC.  
ROBERTO ACEVEDO  
5079 N DIXIE HWY STE. 140  
OAKLAND PARK, FL 33334

FLORIDA DEPARTMENT OF STATE  
JIM SMITH  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Oakland Park 11/9/02

Re.; Application for Reinstatement

Dear Ladies, dear Sirs

I hereby state, that I have never received the two prior uniform business report notices. So I would like to file the report without penalty and add to my letter a money order with the fee of 150.- \$ for a for-profit corporation.

As you can see on the envelope, this letter came to me totally rumbled up, so it must have had a long journey until it ended up in the right place.

I hope with this letter the matter can be solved, if you have any more questions please call me under 954-8681041.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Roberto Acevedo', written in a cursive style.

Roberto Acevedo