

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 30 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

Gator Nationals Karate Tournament, Inc.

PO 2000082156

2. Principal Office Address

280 West State Road 434

3. Mailing Office Address

280 West State Road 434

Suite, Apt. #, etc.

Suite 2044

Suite, Apt. #, etc.

Suite 2044

City & State

Altamonte Springs, Florida

City & State

Altamonte Springs, Florida

Zip

32714

Country

USA

Zip

32714

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

7-27-02

5. FEI Number

51-0417156

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**

Name

Thomas Sommerville

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

280 West SR 434

Suite, Apt. #, Etc.

Suite 2044

City

Altamonte Springs, Florida

State  
FL

Zip Code  
32714

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

*Thomas Sommerville*  
REGISTERED AGENT MUST SIGN

Date 11-17-04

**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
PS/D	Thomas Sommerville	280 West SR 434 - Suite 2044	Altamonte Springs, FL 32714

800043300258  
12/03/04--01029--004 \*\*150.00

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:

*Thomas Sommerville*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-17-04

Date

407-869-8110  
Daytime Phone #

CR2E081 (01/04)

6



**GATOR NATIONALS  
KARATE TOURNAMENT, INC.**

*Lead by Example - Follow by Choice*

2 of 2

November 30, 2004

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

To Whom It May Concern:

Please accept this letter and enclosed reinstatement application and fee for the reinstatement the Gator Nationals Karate Tournament, Inc. to full corporate status. I was unaware of the requirement and never received any notification requiring an annual filing. The notification I am referred to is the notice referenced on the state telephone recording.

Because of never receiving a notification and due to the local impact of the three hurricanes I am requesting a waiver of the reinstatement fee / penalty and have enclosed the required fee of \$150.

The three hurricanes had a major impact on the Gator Nationals Karate Tournament, Inc. Annually the event is produced for martial artists that generate attendance from throughout the state. Hurricane Charley caused a postponement and then the remaining two causes the event to be canceled for 2004. This has generated a severe lost of income; as our expenses still had to be paid. Expenses for the venue, advertising, mailing, etc...

Thank you in advance for understanding the negative impact 2004 has been on Florida Corporations. Had I received the notice, the annual fee would have been paid as a normal expense item. But never receiving it and then the impact of the three storms caused an the oversight of sending the information,

Sincerely,

Tom Sommerville  
President

280 State Road 434 - Suite 2044  
Altamonte Springs, Florida 32174

Phone - (407) 869-8110

Fax - (407) 869-4260