

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 OCT 13 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000109316**

1. Corporation Name

**GATOR MECHANICAL, INC.**

Principal Place of Business

Mailing Address

251 GRAND PRIX DR  
CRESTVIEW FL 32536

251 GRAND PRIX DR  
CRESTVIEW FL 32536

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/07/2002

5. FEI Number

55-0798942

Applied For

Not Applicable

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
PD	PARKER, KENNETH E	251 GRAND PRIX DR	CRESTVIEW FL 32536

000023751860

10/13/03--01070--021 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARKER, KENNETH E  
251 GRAND PRIX DR  
CRESTVIEW FL 32536

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

*Kenneth E. Parker*

Date 10-10-03

REGISTERED AGENT MUST SIGN

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:

*Kenneth E. Parker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-10-03

Daytime Phone #

850-682-9909

CH2E040 (7/03)

202

# GATOR MECHANICAL, INC.

P.O. BOX 176

CRESTVIEW, FLORIDA 32536

---

PHONE/FAX 850-682-9909

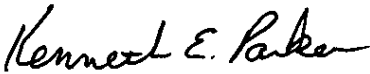
10 Oct 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl. 32314-6327

To Whom It May Concern:

Enclosed is our completed reinstatement form. Please be advised that we did not receive two prior uniform business report notices and we felt that we should not have to pay the reinstatement fee.

Sincerely,



Kenneth E. Parker  
President and current registered agent