

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000125980

1. Corporation Name

GATOR UGLY, INC.

Principal Place of Business

1728 W. UNIVERSITY AVE.
GAINESVILLE FL 32603

Mailing Address

1728 W. UNIVERSITY AVE.
GAINESVILLE FL 32603



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/2002

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ZELLER, ROBERT T	4999 N.W. 2ND PLACE 232 SW 128th Terrace	GAINESVILLE FL 32607 Newberry, FL 32669
D	AKEY, MICHAEL	941 N.W. 188TH TERR.	GAINESVILLE FL 32606
D	AKEY, MELISSA	941 N.W. 188TH TERR.	GAINESVILLE FL 32606

8. Name and Address of Current Registered Agent

GRAY, JAMES F ESQ.
3615-B N.W. 13TH ST.
GAINESVILLE FL 32609

9. Name and Address of New Registered Agent

Name

Robert Zeller

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

232 SW 128th Terrace

Suite, Apt. #, Etc.

City

Newberry

State

FL

Zip Code

32669

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

REGISTERED AGENT MUST SIGN

Date

10/10/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03

Daytime Phone #

352 514 0409

CR20040 (7/03)