

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

07 JUN 21 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (1/07) 04-07

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P030000 25196

1. Corporation Name

GatorLYNK Entertainment Inc.

2. Principal Office Address - No P.O. Box #

2956 NW 48 st

Suite, Apt. #, etc.

3. Mailing Office Address

2956 NW 48 st

Suite, Apt. #, etc.

City & State

Miami, FL 33142

Zip

33142

Country

USA

City & State

Miami, FL

Zip

33142

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03-04-03

5. FEI Number

05-0556455

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

Damien Adams

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

2956 NW 48 st

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33142

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Damien Adams

REGISTERED AGENT MUST SIGN

Date 6-20-07

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
Pres.	Damien Adams	2956 NW 48 st	Miami, FL 33142
			800104945678 06/27/07--01055--007 **500.00
			800104945678 06/27/07--01055--008 **100.00

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 contained in Chapter 119, 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:

Damien Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-07 (786) 295-7010

Date

Daytime Phone #