

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 10 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07
[Signature]
CR2E081 (1/07)

DOCUMENT # P03000064029

1. Corporation Name

GATORSPUD PROPERTIES, INC.

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

1706 South Kings Ave

Suite, Apt. #, etc.

Brandon Florida

City & State

33511 Brandon Fla

Zip

33511

Country

USA

3. Mailing Office Address

Post Office Box 888

Suite, Apt. #, etc.

City & State

Brandon Florida

Zip

33509

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/6/2003

5. FEI Number

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

Elizabeth P. Tompkins

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

1706 South Kings Avenue

Suite, Apt. #, Etc.

City

Brandon Florida

State

FL

Zip Code

33511

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

Elizabeth P. Tompkins
REGISTERED AGENT MUST SIGN

Date **December 6, 2007**

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
P/ST/	Elivabeth P. Tompkins	1706 South Kings Ave	Brandon, FL 33511
P/VP	Anna R. Padron	1706 South Kings Ave	Brandon, FL 33511

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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: **Elizabeth P. Tompkins**
Elizabeth P. Tompkins

December 6, 2007 813.477.8332
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR