

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 24 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000042153

1. Corporation Name

Gatorworld Parks of Florida, Inc

2. Principal Office Address

27137 County Rd. 33

Suite, Apt. #, etc.

City & State

Okahumpka FL

Zip

34762

Country

USA

3. Mailing Office Address

27137 County Road 33

Suite, Apt. #, etc.

City & State

Okahumpka, FL

Zip

34762

Country

USA

3-21-05 9011 003 \$150.00
REINSTATEMENT CR2E081 (8/05) 05

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/19/2004

5. FEI Number

20-0904560

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

Bruce G. Duncan

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

308 Fifth Ave.

Suite, Apt. #, Etc.

City

Mount Dora

State

FL

Zip Code

32757

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

Bruce G. Duncan

Date

10/17/05

REGISTERED AGENT MUST SIGN

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/D	Don M. Buckner	27132 County Rd. 33	Okahumpka FL 34762

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:

Don M. Buckner

Don M. Buckner

10/17/05

352-728-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2052

GATORWORLD PARKS OF FLORIDA, INC.
27137 COUNTY ROAD 33
OKAHUMPKA FL 34762

October 10, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Annual Reports Section

Subject: GATORWORLD PARKS OF FLORIDA, INC.

Reference Number: P04000042153

This is our request for reinstatement. Our office did not receive information from the state in return of our correspondence. Please waive the late fee. I am submitting the corrected paperwork to you with this letter. A check for \$150 has been cashed.

Sincerely,



Don Buckner