

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000152588

1. Entity Name
GATOR CLEANS INC.



Principal Place of Business
~~1200 CLEAR CREEK CIRCLE~~
~~CLERMONT, FL 34714~~ US

Mailing Address
~~1200 CLEAR CREEK CIRCLE~~
~~CLERMONT, FL 34714~~ US

2. Principal Place of Business - No P.O. Box #
3978 Derby Glen Dr
Suite, Apt. #, etc.

3. Mailing Address
3978 Derby Glen Dr
Suite, Apt. #, etc.



REINSTATEMENT 06-07
04/11/07 FEE # GR2E098 (1/07)

City & State
clermont fl
Zip
34711
Country
USA

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clermont fl
Zip
34711
Country
USA

4. FEI Number
20-1823026
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OWNER ACCOUNTING SERVICES INC.
43350 US HWY 27 STE A10
DAVENPORT, FL 33897

7. Name and Address of New Registered Agent

Name
DEREK KEARNS
Street Address (P.O. Box Number is Not Acceptable)
3978 Derby Glen Dr
City
clermont FL Zip Code
34711

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: D. Kearns
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEARNS, DEREK 1200 CLEAR CREEK CIRCLE CLERMONT, FL 34714	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEARNS DEREK 3978 Derby Glen Dr clermont fl 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

600103237196
05/25/07--01008--012 **300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. Kearns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #