2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000083883

1. Entity Name
GATOR GEEKS INC

FILED
2007 APR 10 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03272007 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
205 SW 75TH ST 7W GAINESVILLE, FL 32607	205 SW 75TH ST 7W GAINESVILLE, FL 32607

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4105 NW 17th Place	4105 NW 17th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville, FL	City & State: Gainesville, FL
Zip: 32605 Country: Alachua	Zip: 32605 Country: Alachua

4. FEI Number: X Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

AMELLER, ELIZABETH
205 SW75TH ST
7W
GAINESVILLE, FL FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4105 NW 17th Place

City: Gainesville FL Zip Code: 32605

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: X [signature] 4/2/2007
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Elizabeth Ameller 4105 NW 17th Place Gainesville, FL 32605 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Elizabeth Ameller ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Elizabeth Ameller ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4/12/07 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

300098048099
04/24/07--01004--026 **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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/07
Date

Daytime Phone #