

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 27 AM 10:33

DOCUMENT # P05000108991

1. Corporation Name

Gator Grafix, Inc.

500152804935
04/27/09--01032--011 **600.00

REINSTATEMENT 06-09ks

2. Principal Office Address - No P.O. Box #
8447 Pensacola Blvd.

3. Mailing Office Address
8447 Pensacola Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pensacola, Florida

City & State
Pensacola, Florida

Zip Country
32534 USA

Zip Country
32534 USA

4. Date Incorporated or Qualified
To Do Business in Florida August 5, 2005

5. FEI Number
20-3352299

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
Daphne J. Schimmel

Street Address (P.O. Box Number is Not Acceptable)
3088 Pine Forest Rd.

Suite, Apt. #, Etc.

City
Cantonment

State Zip Code
FL 32533

☒ 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

Daphne J. Schimmel
REGISTERED AGENT MUST SIGN

Date April 20, 2009

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	Daphne Schimmel	3088 Pine Forest Rd.	Cantonment, Florida 32533
VP	Billy D. Schimmel II	3088 Pine Forest Rd.	Cantonment, Florida 32533

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:

Daphne J. Schimmel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2009
Date

(850) 478-0486
Daytime Phone #