

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 FEB 24 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PD30000019514**

1. Corporation Name

**Gator Computer Systems, Inc.**

2. Principal Office Address

**1415 Atlantic Blvd.**

Suite, Apt. #, etc.

City & State

**Key West, FL**

Zip

Country

**33040 Monroe**

3. Mailing Office Address

**19540 Mayan St.**

Suite, Apt. #, etc.

City & State

**Sugarloaf Key, FL**

Zip

Country

**33042 Monroe**

4. Date Incorporated or Qualified  
To Do Business in Florida

**3/15/1993**

5. FEI Number

**59-3208077**

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

**Troy Henson**

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

**19540 Mayan St.**

Suite, Apt. #, Etc.

City

**Sugarloaf Key**

State

**FL**

Zip Code

**33042**

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

**Troy Henson**

REGISTERED AGENT MUST SIGN

Date **2/16/00**

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

**Pres. Troy Steven Henson 19540 Mayan St. Sugarloaf Key FL 33042**

**KE**

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:

**Troy Henson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/16/00**

Date

**305/745-7464**

Daytime Phone #

2

2/16/00

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

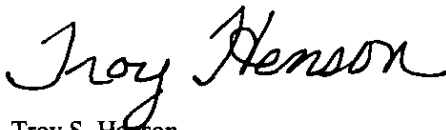
RE: Reinstatement of Gator Computers System, Inc.

To Whom It May Concern:

The following letter is to inform you of non-receipt of application for the year of 1999 and 2000. I believe this was do to an incorrect address. This letter is to waive the reinstatement fees. Enclosed are the fees due for 1999 and 2000 (\$300.00). Thank you in advance for your attention to this matter.

---

Sincerely,



Troy S. Henson