

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 SEP 25 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000036762**  
1. Corporation Name  
**Gopher Frog & Alligator Corporation**

2. Principal Office Address  
**60 Lizard Lane**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State  
**Sopchoppy, FL**

Zip  
**32358**

Country  
**Wakulla**

City & State

Zip

Country

**REINSTATEMENT**

**9910**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1993**

5. FEI Number

**593193154**

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

**Nelson L Martin**

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

**60 Lizard Lane**

Suite, Apt. #, Etc.

City

**Sopchoppy, FL -**

**600003403956-4**

**-09/26/00--01031--001**

**\*\*\*\*900.00 \*\*\*\*900.00**

State  
**FL**

Zip Code

**32358**

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

**Nelson L Martin**

Date **9-25-00**

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	Nelson L Martin	60 Lizard Lane	Sopchoppy, FL 32358
VP	Robert Seidler	191 Pine Lane	Crawfordville 32327
VP	Bill Martin	1405 Tom Still Rd.	Tal, FL 32311
T	Angie Chappel	3 Rose St.	Sopchoppy FL 32311
VP	George Strickland		Sopchoppy FL 32358

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:

**Nelson L Martin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-25-00**

Date

Daytime Phone #

CR2E081 (9/99)