

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 28 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000081598**

1. Corporation Name

Mountain Gator Associates, Inc.

2. Principal Office Address

18 Baywood Dr.

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34683

Country

USA

3. Mailing Office Address

3225 S. McDill Ave.

Suite, Apt. #, etc.

Box 237

City & State

Tampa, FL

Zip

33629

Country

USA

REINSTATEMENT 02-05

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1993

5. FEI Number

593223302

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

John Stockman

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

18 Baywood Dr.

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34683

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

Date

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
DVS	<i>Shires, Dana L. Jr.</i>	<i>409 Bayshore Blvd.</i>	<i>Tampa, FL 33606</i>
DP	<i>de Quesada, A.M.</i>	<i>3435 Bayshore Blvd.</i>	<i>Tampa, FL 33629</i>
T	<i>Stockman, John</i>	<i>18 Baywood Dr.</i>	<i>Palm Harbor, FL 34683</i>

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04/11/05--01006--014 **1200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/05 813-244-8444

CR2E081 (01/05)