

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB -4 PM 2: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083644

**1. Corporation Name**

GATTON FAMILY CORPORATION

**2. Principal Office Address**

6916 W. University Avenue

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32607

Country

USA

**3. Mailing Office Address**

(same)

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 00-04

100029948781

03/05/04--01030--005 \*\*1358.75

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/16/1994

**5. FEI Number**

59-3278404

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

Charles Gatton

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

6916 W. University Avenue

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32653

**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

*Charles Gatton*

Date

2-3-04

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
D/P/T	Charles Gatton	6916 W. University Avenue	Gainesville, FL 32607
D/VP/S	Beverly Gatton	6916 W. University Avenue	Gainesville, FL 32607

**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:

*Charles J. Gatton* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-04

Date

352-278-8456

Daytime Phone #

CR2E081 (10/02)