

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P97000018671

1. Corporation Name

GATOR JOE'S INC.

Principal Place of Business Mailing Address  
12431 S.E. 135TH AVE. P.O. BOX 1880  
OCKLAWAHA, FL 32179 OCKLAWAHA, FL 32183

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/27/97	
City & State		City & State		5. FEI Number	
Zip		Country		65-0733325	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	

**REINSTATEMENT** 1999

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/S	EMMETT ABBOTT	12431 S.E. 135TH AVE.	OCKLAWAHA, FL 32179
			500003071495--5
			-12/15/99--01081--010
			****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
EMMETT ABBOTT 12431 S.E. 135TH AVE. OCKLAWAHA, FL 32179	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of Registered Agent Emmett Abbott Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on Intangible tax.)

12. 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 name 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: Emmett Abbott Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR