PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

APPROVED
AND
FILED

01 SEP 25 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056385

1. Corporation Name
ALLIGATOR POINT ENTERPRISES, INC.

REINSTATEMENT 99-01

2. Principal Office Address	3. Mailing Office Address
506 Bear Road	Same as Principal Office
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.:
City & State: Lake Placid, FL	City & State:
Zip: 33852 Country: Highlands	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 6/26/1997

5. FEI Number: 59-3517074 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Jack M. Clark

Street Address (P.O. Box Number is Not Acceptable): 506 Bear Road, Lake Placid

Suite, Apt. #, Etc.:

City: Lake Placid State: FL Zip Code: 33852

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-10/08/01--01030--014
***1050.00 ***1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Jack M Clark Date: 9-21-01
REGISTERED AGENT MUST SIGN

CR2E031 (8/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Jack M. Clark	506 Bear Road	Lake Placid, FL 33852

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(1)(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: Jack M Clark 9-21-01 863 6990752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #