

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
JAMES HARRIS
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **PA 7000081758**

1. Corporation Name

GATOR-JRAN, INC

Principal Place of Business

Mailing Address

**1915 NE 45TH ST #107
FT LAUDERDALE FL 33308**

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

OCT 11, 1997

5. FEI Number

65-0799716

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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
PRES	JAMES F. BIAGI, JR	701 5TH AVE STE # 5701	SEATTLE, WA 98104
SEC / PRES	JAMES F. BIAGI, SR	1915 NE 45TH ST #107	FT LAUDERDALE, FL 33308

PLEASE NOTE - AS PER
OUR PHONE CONVERSATION
1/6/99 WE WERE TOLD
THE RENEWAL WAS SENT
TO THE WRONG ADDRESS
ALSO THAT THE RENEWAL
FEE WOULD BE \$300.00

8. Name and Address of Current Registered Agent

**JAMES F. BIAGI, SR,
1915 NE 45TH ST #107
FT LAUDERDALE, FL 33308**

Registered Agent

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of the position.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date **1/11/99**

11. This corporation owes 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 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

1/11/99

Date

954 776 8004

Daytime Phone #

CR2E001 (12/98)