

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000104074**

1. Corporation Name

GATOR INVESTMENT PROPERTIES, INC.

Principal Place of Business

926 FAIRWAY DRIVE
PENSACOLA FL 32507

Mailing Address

1405 POPPY AVE.
PENSACOLA FL 32507

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

926 Fairway Dr
PENSACOLA FL
32507 USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1997

5. FEI Number

59-3481261

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
03 OCT 31 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



900024298289
10/31/03--01007--026 **750.00

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	PARKER, MICHAEL E	926 FAIRWAY DRIVE	PENSACOLA FL 32505

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8. Name and Address of Current Registered Agent

PARKER, MICHAEL E
1405 POPPY AVE.
PENSACOLA FL 32507

9. Name and Address of New Registered Agent

Name

SAME

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

926 Fairway Dr

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32507

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

Signature of
Registered Agent

Michael E Parker
REGISTERED AGENT MUST SIGN

Date

10/25/03

11. 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:

Michael E Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/03
Date

850-453-3058
Daytime Phone #

CR2E040 (7/03)