

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAR -7 PM 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

99-01

DOCUMENT # P98000066993

1. Corporation Name

COOL GATOR ENTERPRISES, INC.

W01000004274

Principal Place of Business

Mailing Address

3708 N 29TH ST
TAMPA FL 33610

3708 N 29TH ST
TAMPA FL 33610

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

07/28/1998

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3538913

Not Applicable

Zip

Country

Zip

Country

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	4 City / State / Zip
PTD	WILLIAMS, HAROLD	3602 E HANNA AVE	TAMPA FL 33610
VSD	DENISE JONES, PAMELA	8603 N 15TH ST, #B	TAMPA FL 33604

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***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEWART, FRANK S

3560 N 29TH ST
TAMPA FL 33605

Name

HAROLD WILLIAMS

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

3708 N 29th ST

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33610

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

2-17-00

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-2-001

Daytime Phone #

813-247-5284

CR2E040 (8/99)