

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION FOR

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 FEB -8 AM 10:07

DOCUMENT # P99000014871

1. Corporation Name

GABBY GATOR CO

Principal Place of Business

Mailing Address

16840 S.W. 108TH AVE.

16840 S.W. 108TH AVE.

MIAMI FL 33157

MIAMI FL 33157

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

02/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650896203

Applied For

Not Applicable

City & State

City & State

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
D	HILL, DOUGLAS	16840 S.W. 108TH AVE.	MIAMI FL 33157
D	SHINHOSTER, KAREN	16840 S.W. 108TH AVE.	MIAMI FL 33157
D	ROBERTS, WILLIAM H	16840 S.W. 108TH AVE.	MIAMI FL 33157

400003676954--1  
-02/13/01--01071--009  
\*\*\*\*\*300.00 \*\*\*\*\*300.00

Reinstatement waived due to clerical error. *11/2/01*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HILL, DOUGLAS  
16840 S.W. 108TH AVE.  
MIAMI FL 33157

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Douglas Hill*  
**REGISTERED AGENT MUST SIGN**

Date *11/6/00*

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:

*Karen Shinhoster*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11/06/00*  
Date

*254-9122*  
Daytime Phone #

CR2040 (8/00)

20F2

January 12, 2001

Florida Department of State  
Katherine Harris  
Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Att.: Kathy Ashton

SUBJECT: Gabby Gator Co.  
Ref. Number: P99000014871

Dear Ms. Ashton:

Due to a misunderstanding of the registration procedure, we would like to request a wavier in regards to the above document number.

Enclosed along with our application, you will find a check in the amount of \$300.00.

Please take this application into consider as a Future Corporation and again we do apologize for the misunderstanding.

Thanking you in advance for your corporation.

Sincerely,



Douglas Hill  
Registered Agent  
16840 SW 108<sup>th</sup> Avenue  
Miami, Florida 33157