

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 MAY -6 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~49900000~~ 8630

1. Corporation Name

HUNGRY GATOR OF DUVAL CO., INC.

799 0000 33542

REINSTATEMENT 01-02

2. Principal Office Address

4500 SALISBURY RD

Suite, Apt. #, etc.

185

City & State

JACKSONVILLE, FL

Zip

Country

32210

3. Mailing Office Address

1877 OSPREY BLUFF

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

Zip

Country

32073

4. Date Incorporated or Qualified
To Do Business in Florida

4/13/1999

5. FEI Number

59-3583002

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

J. WYNN SULLIVAN

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

1877 OSPREY BLUFF

Suite, Apt. #, Etc.

City

ORANGE PARK

State

FL

Zip Code

32073

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

J. Wynn Sullivan

REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	J. WYNN SULLIVAN	1877 OSPREY BLUFF	ORANGE PARK, FL 32073

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(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:

J. Wynn Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

386 328 8791

Daytime Phone #

CR2E081 (9/99)