

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
00 DEC -1 PM 11:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000105994

1. Corporation Name

Gator Productions, Inc.

2. Principal Office Address

830-13-11A N. Ste 301

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

Zip
32250

Country
USA

3. Mailing Office Address

333 First St. N.

Suite, Apt. #, etc.

305

City & State

Jacksonville Beach, FL

Zip

32250

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/7/99

5. FEI Number

Applied For

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

John McE. Miller

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

333 First St. N.,

Suite, Apt. #, Etc.

305

City

Jacksonville Beach

State
FL

Zip Code

32250

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

REGISTERED AGENT MUST SIGN John McE. Miller

Date

11/30/00

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 / D	Denny Cerilli	220 PonteVedra Park Dr., Suite 160	Ponte Vedra Beach, FL 32082
VP/Sec	Guy Morrison	220 PonteVedra Park Dr., Suite 160	Ponte Vedra Beach, FL 32082

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:

Denny G. Cerilli

Denny G. Cerilli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/00

Daytime Phone #