

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **95-97**
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mottham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 APR -9 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **s34951**

1. Corporation Name

Gator Golf Accelerated Learning Products, Inc.

Principal Place of Business

Mailing Address

**1151 Orange Avenue
Winter Park, FL 32789**

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 2-25-91	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3060754	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P,D	David E. Pinkston, Jr.	317 Raintree Drive	Hendersonville, TN 37075
S,D	Carol Pinkston	317 Raintree Drive	Hendersonville, TN 37075
			700002140797--1 -04/11/97--01090--010 ***1080.00 ***1080.00

REINSTATEMENT 95-97

A. Alan
4/9/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Ronald H. Roby
Street Address (P.O. Box Number is Not Acceptable)
1151 Orange Avenue
Suite, Apt. #, Etc.
City
Winter Park, State
FL Zip Code
32789

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]
REGISTERED AGENT MUST SIGN

Date **4/7/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David E. Pinkston, Jr., President

4/13/97 **615**
822-1931

Date Daytime Phone #

CR2E040 (12/96)