

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV 22 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V05784**

1. Corporation Name

GATOR MEAT & POULTRY, INC.

Principal Place of Business

5353 WEST ATLANTIC AVENUE
SUITE 403-404
DELRAY BEACH FL 33484-8106

Mailing Address

5353 WEST ATLANTIC AVENUE
SUITE 403-404
DELRAY BEACH FL 33484-8106

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

01/09/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0310629

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	SHERBON, GERALD	5353 W. ATLANTIC AVE.	DELRAY BEACH FL
DS	HUMES, WAYNE	5353 W. ATLANTIC AVE.	DELRAY BEACH FL
DVP	HAYNES, JOSEPH NATHAN	5353 W. ATLANTIC AVE.	DELRAY BEACH FL
D	RUMBLE, THEO JR.	5353 W. ATLANTIC AVE.	DELRAY BEACH FL
DT	SEEL, GREGORY B.	5353 W. ATLANTIC AVE.	DELRAY BEACH FL
D	PETER J. AUSTIN	5353 W. ATLANTIC AVE., STE 403	DELRAY BEACH FL

8. Name and Address of Current Registered Agent

SHERBON, GERALD
5353 WEST ATLANTIC AVE.
SUITE 403-404
DELRAY BEACH FL 33484-8106

9. Name and Address of New Registered Agent

Name
-11/27/96--01096--004
Street Address (P.O. Box Number is Not Applicable)
Suite, Apt. #, Etc.
City
State
FL
Zip Code

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] **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date **10/23/96**

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

Date **10/23/96**

Daytime Phone # **407-496-4460**