

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 SEP 30 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 727201

1. Corporation Name

GATEWAY ARMS CONDOMINIUM, INC.

2. Principal Office Address

PO BOX 541472

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

Zip

33454

Country

US

3. Mailing Office Address

PO BOX 541472

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33454

Country

US

REINSTATEMENT

3126103 90151 007 61.25

4. Date Incorporated or Qualified  
To Do Business in Florida

8/17/1973

5. FEI Number

591794935

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

CAROL LOGAN-QUILLEN

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

1405 DANDELION LANE

Suite, Apt. #, Etc.

500060205775

10/04/05-01027-005 \*\*301.25

City

W. PALM BCH

State

FL

Zip Code

33415

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

Carol Logan-Quillen

REGISTERED AGENT MUST SIGN

Date 9/13/05

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
PD	FERDINAND MORALES	1342 GATEWAY DR	LANTANA, FL 33462
VPD	DIANE THOMPSON	1405 DANDELION LN	W. PALM BCH, FL 33415
TD	DEVIN BURRESS	1397 DANDELION LN	W. PALM BCH, FL 33415
SD	CAROL LOGAN-QUILLEN	1405 DANDELION LN	W. PALM BCH, FL 33415
D	HAROLD PEEND	528 No. "C" ST.	LAKE WORTH, FL 33460

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:

FERDINAND MORALES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09-13-05

CR2E081 (01/05)

9/30/05