

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 John S. Morton
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 MAR -6 AM 9:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **G24203**

1. Corporation Name
FLORIDA GATEWAY REALTY, INC.

Principal Place of Business % THOMAS P BROWNING, PO BOX 655 30 NORTH MARION STREET. LAKE CITY FL 32055	Mailing Address % THOMAS P BROWNING, PO BOX 655 30 NORTH MARION STREET. LAKE CITY FL 32055
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REINSTATEMENT

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 02/16/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2439568	
City & State		City & State		Applied For Not Applicable	
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTC	BROWNING, THOMAS P	ROUTE 4 BOX 335	LAKE CITY, FL 00000
DM	BROWNING, THOMAS P	KOONVILLE RD.C 25 A	LAKE CITY, FL 00000
SD	BROWNING, ETHEL T	101 PALM CIRCLE	LAKE CITY, FL 00000
D	BROWNING, SUZANNA K	ROUTE 4, BOX 335	LAKE CITY, FL 00000

600002453026--7
 -03/10/98--01088--024
 1800.00 **900.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BROWNING, THOMAS P C-252A: KOONVILLE RD ROUTE 4 BOX 335 LAKE CITY FL 32055		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc. 600002453026--7	
		City -03/10/98 FL 023 *****17.50 *****8.75	

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: Thomas P. Browning REGISTERED AGENT MUST SIGN Date: 3.6.98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Thomas P. Browning Date: 3.9.98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/97)