

2016 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000034439

Entity Name: GATEWAY BANK OF CENTRAL FLORIDA**Current Principal Place of Business:**1632 EAST SILVER SPRINGS BOULEVARD
OCALA, FL 34470**Current Mailing Address:**1632 EAST SILVER SPRINGS BOULEVARD
OCALA, FL 34470**FEI Number:** 20-5228352**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DHANPAT, JANKIE
1632 E SILVER SPRINGS BLVD
OCALA, FL 34470 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JANKIE DHANPAT

10/11/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name MCBRIDE, RAYMOND EIII
Address 1553 SE FORT KING ST
City-State-Zip: Ocala FL 34471

Title D
Name ANDREWS, RICHARD L
Address 1741 CLATTERBRIDGE RD
City-State-Zip: Ocala FL 34471

Title D
Name BULLARD, BARRY
Address 126 NW 76TH DRIVE
City-State-Zip: GAINESVILLE FL 32607

Title D
Name MACKAY, KENNETH HIII
Address 2334 SE FORT KING STREET
City-State-Zip: Ocala FL 34471

Title D, CHAIRMAN
Name DALE, ROBERT
Address 222 NE FIRST STREET
City-State-Zip: GAINESVILLE FL 32601

Title CFO
Name DHANPAT, JANKIE
Address 1632 E SILVER SPRINGS BLVD
City-State-Zip: Ocala FL 34470

Title CEO, DIRECTOR
Name INGRAM, THOMAS
Address 1632 E SILVER SPRINGS BLVD
City-State-Zip: Ocala FL 34470

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANKIE DHANPAT

CFO

10/11/2016

Electronic Signature of Signing Officer/Director Detail

Date