

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 JAN -3 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 208723**

**1. Corporation Name**

Gateway Furniture, Inc.

5143 Broad St  
PO Box 925

**2. Principal Office Address**

5143 Broad St

Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip

34601

Country

Hernando

**3. Mailing Office Address**

PO Box 925

Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip

34605-0925

Country

Hernando

**REINSTATEMENT**

01-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/2/1958

**5. FEI Number**

59-0819743

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

Lois J. McKethan

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

5143 Broad St

Suite, Apt. #, Etc.

City

Brooksville

State

FL

Zip Code

34605

**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 *x*

*Lois J. McKethan*

REGISTERED AGENT MUST SIGN

Date 12/2/2004

**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
VSD	McKethan, Lois	5185 Broad St	Brooksville, FL 34605
PTD	Eagan, Ardith B.	1890 NW Highway 19	Cross City, FL 32628

**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:** *x*

*Lois J. McKethan*

Lois J. McKethan 12/2/2004

352-796-3125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)