

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 DEC 17 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 384021

1. Corporation Name

Gateway Alliance Co.

300163726143  
12/17/09--01037--024 \*\*1808.75

REINSTATEMENT 02-09

2. Principal Office Address - No P.O. Box #

10735 SW 58th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

10735 SW 58th Avenue

Suite, Apt. #, etc.

City & State

Pinecrest, FL

City & State

Pinecrest, FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 6/17/1971

5. FEI Number

591365326

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

Norman W. Hinton

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

10735 SW 58th Avenue

Suite, Apt. #, Etc.

City

Pinecrest

State

FL

Zip Code

33156

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Norman W. Hinton*

REGISTERED AGENT MUST SIGN

Date 12-16-09

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
Pres	Norman W. Hinton	10735 SW 58th Avenue	Pinecrest, FL 33156

12/18

10. E-mail Address: jeff@alrstationav.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Norman W. Hinton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN W. HINTON

Date

12-16-09

Daytime Phone #

305-667-9325