

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB 15 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 491567

1. Corporation Name

SOUTH GATE MOTORS INC.

WDS00006660

700117247657
02/06/08--01013--019 **750.00
700117247657
02/15/08--01023--005 **150.00

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

4336 TAMiami TRAIL

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

Zip

33980

Country

USA

3. Mailing Office Address

4336 TAMiami TRAIL

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

Zip

33980

Country

USA

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4. Date Incorporated or Qualified
To Do Business in Florida

5. Filer Number
59-1812159

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

FREELAND, CHRISTOPHER

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

9451 CYPRESS LAKE DR

Suite, Apt. #, Etc.

City

FT MYERS

State

FL

Zip Code

33919

☒ 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

Date 1/16/2008

REGISTERED AGENT MUST SIGN

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	FREELAND, CHRISTOPHER	9451 CYPRESS LAKE DR	FT MYERS, FL 33919
SD	FREELAND, BERNARD	1056 VAUGHN CREST DR,	COLUMBIA, TN 38401

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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 contained in Chapter 119, 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:

CHRISTOPHER FREELAND

1/16/08

941-629-1171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #