PLEASE READ ALL INSTRUCTIONS BEFORE C						ING THIS FORM.		
APPLICATION FLO			LORIDA DEPARTMENT OF STATE Sandra B. Mortham				•	
DEIM	FOR)	Secretary of S	State		poor to		
REINSTATEMENT DIVISION OF DRPOR				RATIONS	FILED			
DOCUMENT # 583510 1. Corporation Name					9 FLB -1 Fit 1: US			
GATEWAY CONSTRUCTION COMPANY					THE MILES SEE, PLONIDA			
Principal Place of Business Mailing Add			ess.					
	WERLINE ROAD BEACH FL 33069-693	1730 N. POWERLINE ROAD POMPANO BEACH FL 33069-693 US						
If above addresses are incorrect in any way, line through incorrect information and enter correction 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable								
						4. Date incorporated or Qualified To Do Business in Florida 08/28/1978		
Suite, Apt.		Suite, Apt. #, etc.			5. FEI Number	, T	Applied For	
City & State		City & State			59-1844253 Not Applicable 6. \$8.75 Additional Fee required			
Zip Country		Zip Country		у	CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each								
Title(s)	itte(s) and/or Directors			Officer and/or Director 3 (Do NOT Use Post Office Box Nur		City / Stat	le / Zip	
PS EMERSON, RODNEY H			1730 N. POWER	LINE ROAD	POMPANO BEACH FL			
8	ELLISON, TRACY, A	4400 NW 5TH AVE			POMPANO BEACH FL			
			900002765389~~9 -02/05/9901010001					
				****750.80 ****750.00				
				9000027653899				
				-02/05/9901010002 ****150.00 ****150.08				
						####I5U.UU	*****!>0.00	
	9 Name and Address of Current	Basistarad Asa	ınt.	<u> </u>	9 Name and 6	Address of New Registered A	nent	
. 8. Name and Address of Current Registered Agent Name					J. Hame and F	tuliess of New Registered A	gent	
EMERSON, RODNEY H.				Street Address (P.O. Box Number is Not Acceptable)				
1730 N. POWERLINE ROAD POMPANO BEACH FL 33069			Suite, Apt. #, Etc					
				City	State Zip Code			
10. I, being appointed the registered agent of the above period corporation, am familiar with and accept the ob					bligations of Secti	FL on 607.0505, F.S.		
Signature of Registered	Agent	MUM GISTERED AG	ENT MUST SIGN			Date 125	79	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No								
this rein: owed by	that I am an officer or director or the receistatement application, the reason for dissy the corporation have been paid and the application is true and accurate, and my si	olution has been names of individ	eliminated, the corporate is the corporate transfer on this for the corporate transfer of tran	orate name satisfies m do not qualify for	the requirements an exemption und	of section 607.0401 or 617.040	01, F.S., that all fees	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayling Phone #								