

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715184

1. Corporation Name

GateWay Beagle Club, Inc.

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

2806 W. 11th St.

Suite, Apt. #, etc.

City & State

Jax, Fl.

Zip

32254

Country

USA

3. Mailing Office Address

2806 W. 11th St.

Suite, Apt. #, etc.

City & State

Jax, Fl.

Zip

32254

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8.27.1968

5. FEI Number

592236192

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

Edgar Clowers Jr.

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

2806 W. 11th St.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32254

☒ 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

Edgar Clowers Jr.

REGISTERED AGENT MUST SIGN

Date 4.10.07

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
T.O.	Edgar Clowers	2806 W. 11th St.	Jax, Fl. 32254
P.O.P.	James Turner	804 James Turner Glen	Ft. White, Fl. 32058
S.P.	Jim Gilbreath	6403 SE 153rd Terrace	Hawthorne, Fl. 32640
V.P.	Randy Anderson	Rt box 592	Lawtey, Fl. 32058
	<i>Mike</i>		

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:

Edgar Clowers Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4.10.07

Daytime Phone #

318-6391
904-786-2600

FILED

07 APR 17 PM 1:54

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

500098040435
04/24/07--01003--006 **428.75

REINSTATEMENT 01-07

CR2E081 (1/07)