

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 728835

FILED
Nov 03, 2009
Secretary of State

Entity Name: GATEWAY NURSERY AND KINDERGARTEN, INC.

Current Principal Place of Business:

641 W 4TH ST
JACKSONVILLE, FL 322096739 US

New Principal Place of Business:

Current Mailing Address:

641 W 4TH ST
JACKSONVILLE, FL 322096739 US

New Mailing Address:

FEI Number: 59-1496626 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCOTT, GWENDOLYN C
641 WEST 4TH STREET
JACKSONVILLE, FL 32206 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GWENDOLYN C. SCOTT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANTIAGO, KENYA
Address: 10132 LONE STAR ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD () Delete
Name: SUMLAR, VANESSA
Address: 799 WESTMINSTER DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: HARZOG, BERNARD
Address: 2018 WEST 16TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: GRISSETT, TAISHA
Address: 6467 FORT CAROLINE ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: STEELE, AUSTIN
Address: 5998 MARTIN LUTHER KING DR
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: M () Delete
Name: SCOTT, GWENDOLYN C
Address: 13640 MT PLEASANT RD
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: HARZOG, BERNARD
Address: 2018 WEST 16TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN C. SCOTT

OFFI

11/03/2009

Electronic Signature of Signing Officer or Director

Date