

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A97000001297

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 22 PM 2:26

DOCUMENT # A97000001297

1. Name of Limited Partnership
**GATEWAY CENTER ECONOMIC DEVELOPMENT PARTNERSHIP,
LTD.**

000021280788
10/30/03--01015--002 **\$41.25

2. Principal Office Address
**5184 Norwood Avenue
Jacksonville FL 32208**

3. Mailing Office Address
**5184 Norwood Avenue
Jacksonville FL 32208**

4. Date Formed or Registered
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **59-3451179**

Applied For
Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

7a. Capital Contributions as shown on Record:
\$22.00

7b. Amount of Capital Contributions in FLORIDA to date:

8. Name and Address of Current Registered Agent

Name **INTRASTATE REGISTERED AGENT CORPORATION**

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

Suite, Apt. #, Etc.
SUITE 3000

City
MIAMI

State
FL

Zip Code
33131

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 - 3.) Penalty Fee(s): \$500 penalty fee for each year report form is due.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
THE JOHN LEWIS COMPANY	1177 QUEENS HARBOUR BLVD.	JACKSONVILLE FL 32225	P95000052111
RENAISSANCE DESIGN BUILD GROUP, INC.	600 WHARF SIDE WAY 2800 Riverside Ave.	JACKSONVILLE FL 32207	P97000051833
COLBYCO ENTERPRISES, INC.	600 WHARF SIDE WAY 2800 Riverside Ave.	JACKSONVILLE FL 32207	M82686

REINSTATEMENT

2003
10/10/22

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability for non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

10-20-2003

904 764-7745

Typed or Printed Name of General Partner Signing Form **John W. Lewis**

Telephone Number