

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
99-98
John S. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR -6 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G24203**

1. Corporation Name

FLORIDA GATEWAY REALTY, INC.

Principal Place of Business

Mailing Address

% THOMAS P BROWNING, PO BOX 655
30 NORTH MARION STREET.
LAKE CITY FL 32055

% THOMAS P BROWNING, PO BOX 655
30 NORTH MARION STREET.
LAKE CITY FL 32055

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/1983

5. FEI Number

59-2439568

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTC	BROWNING, THOMAS P	ROUTE 4 BOX 335	LAKE CITY, FL 00000
DM	BROWNING, THOMAS P	KOONVILLE RD.C 25 A	LAKE CITY, FL 00000
SD	BROWNING, ETHEL T	101 PALM CIRCLE	LAKE CITY, FL 00000
D	BROWNING, SUZANNA K	ROUTE 4, BOX 335	LAKE CITY, FL 00000
			600002453026--7 -03/10/98--01088--024 ***1800.00 *****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWNING, THOMAS P
C-252A: KOONVILLE RD
ROUTE 4 BOX 335
LAKE CITY FL 32055

Name

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

Suite, Apt. #, Etc.

City

600002453026--7

-03/10/98--01088--023

*****17.50 *****8.75

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Thomas P. Browning
REGISTERED AGENT MUST SIGN

Date

3.6.98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Thomas P. Browning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.9.98

CR2E040 (9/97)