PLEASE READ	<u>ALL INSTR</u>	UC HONS	REPORE C	OMETER	INGTHIS FO	JKM.	
APPLICATION APPLICATION	, FLORIDA Γ	DEPARTMEN	IT OF STATE	AFFA	血		•
FOR Sandra B. Mor				FIL	EO		
REINSTATEMENT	Secretary of State				*** 10* 05		
	DIVISION OF CORPORATIONS			98 NOV 19	9 VI 10: 06		
DOCUMENT # J52111							
Corporation Name				SECRETA	Y OF STATE SEE, FLORIDA		
GATEWOOD CUSTOM GLASS	& BEVELI	NG, INC.		TALLATINA	Jun 1		
Principal Place of Business Mailing Address							
4700 LAREDO AVE 4700 LAREDO AVE							
FT. MYERS FL 33905 FT. MYERS FL 33905 US					 	8:8:1 8:811 8:811 8:811 8:81 8:81 8:81	
••				REINIC	STATEM		
If above addresses are incorrect in any way, line through incorrect information and enter cor 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable						ENIU	
2. New Frincipal Office Address, if Applicable 5. New Maining Office Address			Applicable	4. Date Incorporate To Do Busin	orated or Qualified ess in Florida	01/12/1987	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number			01/12/1907 Applied	t For
City & State City & State				m2	59-2779361	- 	plicable
Zip Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status.			required
				The state of the s			
7. Names and Street Addresses of Each Officer and Name of Officers	/or Director (Florida		ions must list at lease et Address of Each	`			
Title(s) and/or Directors O			cer and/or Director Post Office Box Nu	r City / State / Zip			
P GATEWOOD, RODNEY	700 LAREDO AVE			FT. MYERS FL 33905			
S GATEWOOD, STEVE 4700 LAREDO			E	FT. MYERS FL 33905			
				<u>.</u>	·		
				<u> </u>	300026		
					-12/01/	380108800:	3
		····			****750) <u>.00 </u>	-00
					<u> </u>	<u> </u>	$\overline{}$
8. Name and Address of Current Registered Agent				9. Name and A	ddress of New Regis	stered Agent	
Nan				reet Address (P.O. Box Number is Not Acceptable)			
GATEWOOD, RODNEY			Street Address (P.O. Box Number is Not Acceptable)				
4700 LAREDO AVE FORT MYERS FL 33905			Suite, Apt. #, Etc.				
TONT MIENS PE 33903							
City						State Zip Code	
10. I, being appointed the registered agent of the	we named supporation	on, am familiar with	n and accept the ob	ligations of Section	on 607.0505, F.S.		
Signature of Registered Agent	TURE	REVA		ATHUM) Date	198	
R	EGISTERED AGENT	T MUST SIGN		/ <u></u>	- TI 10	1-00-	
11. This corporation owes or h Intangible Personal Proper			r Yes	No 🗌	(See o	ther the to information on intengible taxa	?
12. I certify that I am an officer or director or the rece	iver or trustee empoy	wered to execute the	nis application as pr	ovided for in cha			
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 si					V-3V		
				١.	<i>(</i> .	···	
SIGNATURE:	TC PE	MON	PU GATE	ાનામજા	છ (વર્ષો	13348002	
SENATURE AND TYPED OR PR	NTED NAME OF SIGN	ING OFFICER OR D	RECTOR	-2'''\''\	Date	Daytime Phone #	