

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 4: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J88476**

1. Corporation Name

**NORTHGATE PLACE DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

4307 VINELAND RD  
SUITE H-12  
ORLANDO FL 32811

4307 VINELAND RD  
SUITE H-12  
ORLANDO FL 32811



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

**REINSTATEMENT**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/20/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2836402

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
D	GINSBURG, ALAN H	2200 LUCIEN WAY, STE. 450 147 INTERLACHEN #350	MAITLAND FL 32751- WINTER PARK, FL
D	ROHDIE, ROBERT C	4307 VINELAND RD, STE H-12	ORLANDO FL 32811

800008639798  
10/29/02--01008--008 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROHDIE, ROBERT C  
4307 VINELAND RD STE H-12  
ORLANDO FL 32811

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

*Signature*  
**SIGNATURE REQUIRED**

Date 10/21/02

REGISTERED AGENT MUST SIGN

11. 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:

*Signature*  
**SIGNATURE REQUIRED**

ROBERT C. ROHDIE

Date

Daytime Phone #

10/21/02 407-650-1958

CR2E040 (802)