

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC 28 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K91153**

1. Corporation Name

TOLL GATE CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

~~1414 COLLINS AVE. #1~~
MIAMI BEH FL 33139

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MIAMI BEH FL 33139



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

REINSTATEMENT 98

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. <u>1500 San Remo Avenue</u>		Suite, Apt. #, etc. <u>1500 San Remo Ave #176</u>		05/26/1989	
City & State <u>Coral Gables Florida</u>		City & State <u>Coral Gables Florida</u>		5. FEI Number	
Zip <u>33146</u>		Country <u>USA</u>		65-0121500	
				Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SCHOLL, DENNIS	1414 COLLINS AVE SUITE 1	MIAMI BEACH FL
O	SCHOLL, DEBRA S.	1414 COLLINS AVE SUITE 1	MIAMI BEACH FL
D	Scholl, Dennis	803 East Dilido Dr.	Miami Beach, Fla 33139
O	Scholl, Debra	803 East Dilido Dr.	Miami Beach, Fla 33139

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SCHOLL, DENNIS 1414 COLLINS AVE SUITE 1 MIAMI BEACH FL 33139		Name Street Address (P.O. Box Number is Not Acceptable) <u>803 East Dilido Drive</u> Suite, Apt. #, Etc. City <u>Miami Beach</u> State <u>FL</u> Zip Code <u>33139</u>	

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 SIGNATURE REQUIRED Scholl, Dennis Date 12-7-98
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED [Signature] Date 12-7-98 Daytime Phone # 305-462-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)