

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 BEACH FL 33139

1414 COLLINS AVE. #1
MIAMI BEACH 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

05/26/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1500 San Remo Avenue

1500 San Remo Ave #176

City & State

City & State

Coral Gables Florida

Coral Gables Florida

Zip 33146

Country USA

Zip 33146

Country USA

5. FEI Number

65-0121500

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)

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
			000002726990--1 -12/30/98--01087--018 ***750.00 ***750.00

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)

803 East Dilido Drive

Suite, Apt. #, Etc.

City

miami Beach

State

FL

Zip Code

33139

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 OF REGISTERED AGENT MUST SIGN

Date 12-7-98

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-7-98 305-462-4141
Date Daytime Phone #

CR2E040 (9/93)