

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 21 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L66386**

1. Corporation Name

GATE PALLET SYSTEMS, INC.

Principal Place of Business

1204 ERIE COURT
CROWN PT IN 46307
US

Mailing Address

P O BOX 23627
JACKSONVILLE FL 32241-3627
US

REINSTATEMENT 2003

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3003809

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
PDAS	LUKE, JOSEPH C.	9540 SAN JOSE BLVD	JACKSONVILLE FL
D	SMITH, P JEREMY J	9540 SAN JOSE BLVD	JACKSONVILLE FL
ASDT	LUEDERS, JACK C JR	9540 SAN JOSE BLVD	JACKSONVILLE FL 32257
ATS	MCCORMACK, JAMES E	9540 SAN JOSE BLVD	JACKSONVILLE FL
AS	GWALTNEY, JOSEPH F JR	9540 SAN JOSE BLVD	JACKSONVILLE FL 32257
			900023968949 10/21/03--01057--019 **1500.00

8. Name and Address of Current Registered Agent

MCCORMACK, JAMES E
9540 SAN JOSE BLVD
JACKSONVILLE FL 32257

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

J.E. MCCORMACK
REGISTERED AGENT MUST SIGN

Date

10/15/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph F Gwaltney, Jr

Date

10/15/03 (904) 448-2910

Daytime Phone #

CR20040 (7/03)