

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 JAN 17 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300115396053  
01/17/08--01030--011 \*\*306.25

CR2E081 (12/07)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00000005821

1. Corporation Name

SHEPHERDS GATE, INC.

2. Principal Office Address - No P.O. Box #

1915 FERGUSON RD

Suite, Apt. #, etc.

3. Mailing Office Address

1844 PETTIS ROAD

Suite, Apt. #, etc.

City & State

CHIPLEY, FL

City & State

CHIPLEY, FL

Zip

32428

Country

WASHINGTON

Zip

32428

Country

WASHINGTON

4. Date Incorporated or Qualified  
To Do Business in Florida

8-30-2000

5. FEI Number

59-3606781

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name JAMES E. GUY

Street Address (P.O. Box Number is Not Acceptable)  
1844 PETTIS ROAD

Suite, Apt. #, Etc.

City CHIPLEY

State FL

Zip Code 32428

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*James E. Guy*  
REGISTERED AGENT MUST SIGN

Date 1-14-2007

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JAMES E. GUY	1844 PETTIS ROAD	CHIPLEY, FL 32428
VP	TRAVIS MASK	535 OLD BONIFAY HWY	CHIPLEY, FL 32428
ST	NAOMI L. GUY	1844 PETTIS ROAD	CHIPLEY, FL 32428

REINSTATEMENT

04-08

10. 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 contained in Chapter 119, 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: JAMES E. GUY *James E. Guy* 1-14-08 850-773-2963  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #