

APPROVED AND FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02000002281**

1. Corporation Name
GATEWAY BAPTIST ASSOCIATION TUTORIAL AND MENTORING PROGRAM, INC.

2. Principal Office Address
6901 N. MAIN ST.

3. Mailing Office Address
6901 N. MAIN ST.

4. Date Incorporated or Qualified To Do Business in Florida
03-28-02

5. City & State
JACKSONVILLE, FL

6. City & State
JACKSONVILLE, FL

7. Zip
32208

8. Country
USA

9. Zip
32208

10. Country
USA

11. Applied For
 CERTIFICATE OF STATUS DESIRED

REINSTATEMENT

04-00

7. Name and Address of Current Registered Agent

Name
VERNITA COLEMAN

Street Address (P.O. Box Number is Not Acceptable)
6901 N. MAIN ST.

City
JACKSONVILLE

State
FL

Zip Code
32208

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0806 or 617.0803, F.S.

Signature of Registered Agent
VERNITA COLEMAN

REGISTERED AGENT MUST SIGN

Date
10/5/05

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
D	VERNITA COLEMAN	6901 N. MAIN ST.	JACKSONVILLE, FL 32208
D	AUDREY WHITE	6901 N. MAIN ST.	JACKSONVILLE, FL 32208
D	EUGENE WHITE	6901 N. MAIN ST.	JACKSONVILLE, FL 32208
D	BARBARA WRIGHT	6901 N. MAIN ST.	JACKSONVILLE, FL 32208

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapters 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for disqualification has been corrected, the corporate taxes pertaining to 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(2)(f), 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: **VERNITA COLEMAN, DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date
10/5/05

Daytime Phone #
(904) 924-3062

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DATE: 08-31-2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: GATEWAY BASPTIST ASSOCIATION TUTORIAL AND MENTORING
PROGRAM, INC
VERNITA COLEMAN

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 727 796 2552.

THANKS,



GATEWAY BASPTIST ASSOCIATION TUTORIAL AND MENTORING
PROGRAM, INC
VERNITA COLEMAN

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Florida Department of State
Division of Corporations
Public Access System

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To: Division of Corporations
Fax Number : (850)205-0384

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

CORPORATION REINSTATEMENT

GATEWAY BAPTIST ASSOCIATION TUTORIAL AND MENTORING P

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