

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

04 APR 13 AM 9:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N02000008983**

1. Corporation Name

GATEWAY COMMUNITY CHURCH OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

~~5500 MILITARY TRAIL~~
~~SUITE 22 #310~~
JUPITER FL 33458

~~5500 MILITARY TRAIL~~
~~SUITE 22 #310~~
JUPITER FL 33458



REINSTATEMENT 03-04

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

11/20/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~SUITE 22 #309~~

~~SUITE 22 #309~~

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

~~01-0765969~~

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ADAMS, PHILIP R	15605 81ST TERRACE	PALM BEACH GARDENS FL 33418
PD	WELLS, EDWIN D	6248 ROBINSON STREET	JUPITER FL 33458
STD D	MCCLELLAND, DAVID	952 FIRETREE ROAD	NORTH PALM BEACH FL 33408
STD	PARSLEY, RANDY C.	14758 PALMWOOD RD.	PALM BEACH GARDENS FL 33410

400032619854
04/13/04--01081--002 **297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~MCCLELLAND, DAVID~~
~~952 FIRETREE ROAD~~
~~NORTH PALM BEACH FL 33408~~

Name

PARSLEY, RANDY

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

14758 PALMWOOD RD.

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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

Randy C Parsley

REGISTERED AGENT MUST SIGN

Date

2/19/04

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:

Randy C Parsley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04

Date

561-796-5113

Daytime Phone #

CR2040 (7/03)