

Pg 2022

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : POHL + SHORT, P.A.
Account Number : I20000000182
Phone : (407) 647-7645
Fax Number : (407) 647-2314

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
GATEHOUSE CLUB CONDOMINIUMS HOMEOWNERS'
ASSOCIATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$542.50

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From: POHL & SHORT, P.A.


4076472314

07/21/2011 13:00

#685 P.002/002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUL 21 PM 3:48

DOCUMENT # **NO5000000469**

1. Corporation Name
GATEHOUSE CLUB CONDOMINIUMS HOMEOWNERS' ASSOCIATION INCORPORATED

REINSTATEMENT 06-11

2. Principal Office Address - No P.O. Box #
400 Park Avenue South

3. Mailing Office Address
400 Park Avenue South

Suite, Apt. #, etc.
Suite 220

Suite, Apt. #, etc.
Suite 220

CR2E081 (11/10)

City & State
Winter Park, Florida

City & State
Winter Park, Florida

4. Date Incorporated or Qualified To Do Business in Florida **01/13/05**

5. FBI Number **NONE**
 Applied For
 Not Applicable

Zip **32789** Country **UNITED STATES**

Zip **32789** Country **UNITED STATES**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Steven A. Parker**
Street Address (P.O. Box Number is Not Acceptable)
400 Park Avenue South
Suite, Apt. #, Etc.
Suite 220
City **Winter Park** State **FL** Zip Code **32789**

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 *Steven A. Parker* Date **7/14/11**
REGISTERED AGENT MUST SIGN

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/D	Steven A. Parker	400 Park Avenue South, Suite 220	Winter Park, FL 32789
S/D	Kelly Parker	400 Park Avenue South, Suite 220	Winter Park, FL 32789

10. E-mail Address: **Steve.Parker@mattamycorp.com**
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
SIGNATURE: *Steven A. Parker* Date **7/14/11** Daytime Phone # **407-597-99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR