## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N06000003322

FILED Oct 25, 2009 Secretary of State

Entity Name: GATEWAY CHARTER SCHOOL PTO, INC.

Current Principal Place of Business: New Principal Place of Business:

12850 COMMONWEALTH DR FT MYERS, FL 33913

Current Mailing Address: New Mailing Address:

12850 COMMONWEALTH DR FT MYERS, FL 33913

FEI Number: 20-4625963 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WHITFIELD, MARC S 13223 HASTINGS LN FT MYERS, FL 33913 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARC WHITFIELD

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: T ()Delete Title: ()Change ()Addition

 Name:
 WHITFIELD, MARC
 Name:

 Address:
 13223 HASTINGS LN
 Address:

 City-St-Zip:
 FT MYERS, FL 33913
 City-St-Zip:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name: MILZ, CLAUDINE Name: MILZ, CLAUDINE
Address: 11949 COUNTRY DAY CIR Address: 11949 COUNTRY DAY CIR

City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: FORT MYERS, FL 33913 US

Title: V ( ) Delete Title: S (X) Change ( ) Addition

 Name:
 BRECKENRIDGE, BETH
 Name:
 TRELLE, LOUCKS

 Address:
 11845 COUNTRY DAY CIR
 Address:
 6016 JULIET AVE

 City-St-Zip:
 FORT MYERS, FL 33913
 City-St-Zip:
 FORT MYERS, FL 33905

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC WHITFIELD T 10/25/2009