

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

16 NOV -3 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N13000001561

1. Corporation Name

NORTH PORT GATEWAY EAST ASSOCIATION, INC.

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

14499 N. Dale Mabry Highway

3. Mailing Office Address

14499 N. Dale Mabry Highway

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33618

Country

USA

Zip

33618

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/2013

5. FEI Number

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

Chris Reckart

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

14499 N. Dale Mabry Highway

Suite, Apt. #, Etc.

Suite 200

City

Tampa

State

FL

Zip Code

33618

300291950023  
11/03/16--01022--023 \*\*236.25

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

Date 10/20/2016

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	Matthew Middlethon	14499 N. Dale Mabry Hwy #200	Tampa, Florida 33618
S/T/D	Chris Reckart	14499 N. Dale Mabry Hwy #200	Tampa, Florida 33618
VP/D	Jason Povlick	2651 State Road 17 South	Haines City, Florida 33844
REINSTATEMENT			
2016			
S. HAWKES NOV - 4 EXAMINED			

10. E-mail Address: creckart@ciminelli.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:

Chris Reckart

10/20/2016

813-908-1727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #