

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 JAN -5 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/29/08--01046--030 **96.25
700139331827
12/29/08--01046--031 **848.75

REINSTATEMENT 98

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16370

1. Corporation Name
Gateway Condominium Association, Inc.

2. Principal Office Address - No P.O. Box # 1438 SE Huffman Rd.		3. Mailing Office Address 1438 SE Huffman Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port St. Lucie, FL		City & State Port St. Lucie, FL	
Zip 34952	Country	Zip 34952	Country

4. Date incorporated or Qualified To Do Business in Florida
08/14/1986

5. FEI Number
59-2786341

Applied For
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Harold Barth

Street Address (P.O. Box Number is Not Acceptable)
944 SE Breakwater Ave.

Suite, Apt. #, Etc.

City
Port St. Lucie

State
FL

Zip Code
34983

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Harold Barth Date 12/11/08

REGISTERED AGENT MUST SIGN

9. Names 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
P	Harold Barth	944 SE Breakwater Ave.	Port St. Lucie, FL 34983
VP	Robert Sullivan	8273 S. Indian River Dr.	Fort Pierce, FL 34982
S	Susan Taylor	8273 S. Indian River Dr.	Fort Pierce, FL 34982
F T	Judy Barth	944 SE Breakwater Ave.	Port St. Lucie, FL 34983

10. 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 contained in Chapter 119, 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: Harold Barth Date 12/11/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

These are the original signatures