

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47820**

1. Corporation Name

D'GATHERING, INC.

99 APR 26 PM 12:21

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5330 NW 182ND ST
MIAMI FL 33055
US

Mailing Address

5330 NW 182ND ST
MIAMI FL 33055
US



REINSTATEMENT 98-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~460 SESAME ST.~~

Suite, Apt. #, etc.

~~OPA LOCKA~~

City & State

~~FLORIDA~~

Zip

~~33054~~

Country

~~USA~~

3. New Mailing Office Address, If Applicable

~~460 SESAME ST.~~

Suite, Apt. #, etc.

~~OPA LOCKA~~

City & State

~~FLORIDA~~

Zip

~~33054~~

Country

~~USA~~

4. Date Incorporated or Qualified To Do Business in Florida

03/09/1992

5. FEI Number

65-0327870

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)

| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip |
|-------------|--------------------------------------|--|--------------------------------------|
| PDC | WONG, ELSON T | ROBERT TAYLOR 5330 NW 182ND ST OPA LOCKA, FL 33054 | MIAMI FL |
| VD | TAYLOR, ROBERT | WINSTON ROBINSON 460 SESAME ST OPA LOCKA, FL 33054 | OPA LOCKA FL |
| TD | SAUNDERS, CLIFFORD T | 5806 NW 85TH AVENUE | TAMARAC FL |
| TTR | ROBINSON, WINSTON | 3801 N.W. 471 ST 460 SESAME ST | CAROL CITY FL OPA LOCKA, FL 33054 |
| SDTR | SELMANN, ANNE | 5806 N.W. 85TH AVE. 160 NE 142ND ST APT D | TAMARAC FL NORTH MIAMI FL 33161 |

500002859295--9
-04/30/99--01138--005
***300.00 Ag ***300.00

8. Name and Address of Current Registered Agent

ELSON T WONG
5330 NW 182ND ST
MIAMI FL 33055
ROBERT TAYLOR
460 SESAME ST.
OPA LOCKA
FL 33054

9. Name and Address of

ROBERT TAYLOR
Street Address (P.O. Box Number is Not Acceptable)
460 SESAME ST.
Suite, Apt. #, Etc
OPA LOCKA
City
State
FL
Zip Code
33054

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.

Signature of Registered Agent

Robert Taylor

REGISTERED AGENT MUST SIGN

Date

3/16/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99

305-623-3245