

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAY -4 PM 12: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000000485

1. Corporation Name

Gateway Business Park Owners Association, Inc.

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

5800 Hunters Oak Trail

3. Mailing Office Address

5800 Hunters Oak Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Milton, Florida

City & State

Milton, Florida

Zip

32570

Country

USA

Zip

32570

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/26/1988

5. FEI Number

593566175

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  
Jimmy P. Riley

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

5800 Hunters Oak Trail

Suite, Apt. #, Etc.

City  
Milton, Florida

State  
FL

Zip Code  
32570

☐ 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

REGISTERED AGENT MUST SIGN

Date 4/23/07

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
DP	Jimmy P. Riley	5800 Hunters Oak Trail	Milton, Florida 32570
DVP	John G. Passaur	9777 Quail Hollow Ct.	Pensacola, FL 32514
DST	Barbara C. Passaur	9777 Quail Hollow Ct.	Pensacola, FL 32514

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jimmy P. Riley

4/23/07

Date

Daytime Phone #

5/14/07