

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN -9 AM 6:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N98000000 485*

1. Corporation Name

*GATEWAY BUSINESS PARK OWNERS
ASSOCIATION, INC*

300131069449
06/03/08--01054--023 **236.25

REINSTATEMENT *08*

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

3154 GATEWAY LANE

Suite, Apt. #, etc.

3. Mailing Office Address

3154 GATEWAY LANE

Suite, Apt. #, etc.

City & State

CANTONMENT, FL

Zip *32533* Country *USA*

City & State

CANTONMENT, FL

Zip *32533* Country *USA*

4. Date Incorporated or Qualified
To Do Business in Florida

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 *SUSANNE LANGLEY*

Street Address (P.O. Box Number is Not Acceptable)
3154 GATEWAY LANE

Suite, Apt. #, Etc.
CANTONMENT

City *FL* State *FL* Zip Code *32533*

☐ 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 *Susanne Langley*
REGISTERED AGENT MUST SIGN

Date *6-5-2008*

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	RON MONTGOMERY	3146 GATEWAY LANE	CANTONMENT, FL 32533
D	BRUCE RALPH	3154 GATEWAY LANE	CANTONMENT, FL 32533
D	TERRY ANDERSON	3210 S HIGHWAY 95A	CANTONMENT, FL 32533
D	JAN COFFIN	3150 S HIGHWAY 95A	CANTONMENT, FL 32533
VP	WILLIAM D THOMPSON	3162 GATEWAY LANE	CANTONMENT, FL 32533

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: *Bruce W Ralph*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-08 *850-477-4362*
Date Daytime Phone #