

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 29 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N98000006387

**1. Corporation Name**

Gateway Assembly of God, Inc.

**2. Principal Office Address**

1436 Berkley Road

Suite, Apt. #, etc.

**City & State**

Auburndale, FL 33823

**Zip**

33823

**Country**

**3. Mailing Office Address**

1436 Berkley Road

Suite, Apt. #, etc.

**City & State**

Auburndale, FL 33823

**Zip**

33823

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-3545931

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**

Henigsmith, Bobby

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

5626 Viburnum Court

**Suite, Apt. #, Etc.**

City Polk City

State  
**FL**

**Zip Code**

33868-3031

**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

*Bobby Henigsmith*  
REGISTERED AGENT MUST SIGN

Date

11/24/04

**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
PD	Henigsmith, Bobby	5626 Viburnum Court	Polk City, FL 33868
VD	Miller, Paul	249 Waterview Circle	Auburndale, FL 33823
STD	Herman, Ron	101 Bergen Circle	Auburndale, FL 33823

**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 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:**

*Paul Miller* PAUL MILLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/04

Date

863-967-4026

Daytime Phone #

*Paul Miller*

11/24/4

863-967-6326

# *Gateway Assembly of God*

"...this is the house of God ... the gateway of Heaven." Gen. 28:17

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November 24, 2004

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Representative,

Enclosed is our application and check in the amount of \$300.00 for our corporation reinstatement, per Jeraline in the Department of State office.

Our last filing date was April 22, 2002. We had an address change and notified the state, but the address was not changed in your records. The address on the last filing was three addresses ago. We did not receive a Uniform Report to file in 2003 or 2004. Therefore, we are asking that you waive any additional fees.

Thank you for your cooperation in this matter.

Sincerely,

*Paul Miller*

Paul Miller  
Vice President, Director