INSTRUCTIONS REFORE COMPLETING THIS FORM

	PLEASE READ A	ALL INSTRUCT	ONS BEFORE C		io miororam.	
	PORATION	Secretar	TMENT OF STATE y of State orporations	JAN 14 PM	STATE E. FLORIDA	
DOCU 1. Corporati	MENT # N990000029	945	1	017147	002697374 0401068013 **	. 9 ∗481.25
GAT	TEWAY OFFICE PARK CON	NDOMINIUM ASSO	OCIATION, INC.	910 012448		812 55
2. Principal Office Address 3. Mailing Offi			255			
			VENICE AVENUE		TATEMENT	00-04
Suite, Apt. #, etc. SUITE E SUITE SUITE			4. Date Incorp To Do Busi		orated or Qualified less in Florida 05/10/9	
City & State City & State VENICE, FLORIDA VENICE			5. FEI Numbe 65–091			Applied For Not Applicable
^{Zip} 34285	Country USA	^{Zip} 34285	Country USA	6. CERTIFICATE		ditional Fee required ertificate of Status
		7. Name and	Address of Current Regist	ered Agent		
	Name WAYNE C. HALL Street Address (P.O. Box Number is Not Acceptable) 1314 E. VENICE AVENUE Suite, Apt. #, Etc.					
	SUITE E City VENICE				State Zip Code 34285	
8. I, being Signature o Registered	Agent	ove named forporation, and		obligations of section	n 607.0505 or 617.0503, F.S. Date	
9. Names	and Street Addresses of Fach Officer at	nd/or Director (Florida non			·	
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Z	Zip
DP	ANDERSON, ROBERT C.		1314 E. VENICE AVENUE SUITE E		VENICE, FLORIDA	34285
SDVT	HALL, WAYNE C.		4 E. VENICE AV	/ENUE	VENICE, FLORIDA	34285
D	MOSELEY, W. PAUL	608	3 VALENCIA ROAI)	VENICE, FLORIDA	34285
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	100000000000000000000000000000000000000					
this re owed on thi	ify that I am an officer or director or the reeinstatement application, the reason for diby the corporation have been paid and this application is true and accurate, and my ATURE: SIGNATURE AND TYPED OR	issolution has been eliminate names of individuals liste are names of individuals liste in signature shall have the s	ted, the corporate name sails and on this form do not qualify ame legal effect as if made u	for an exemption un	der section 119.07(3)(i), F.S. The ir	formation indicated

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