

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 14 PM 2:05

DOCUMENT # N99000006001

1. Corporation Name

CAPITAL CITY GATEWAY DEVELOPMENT CORPORATION, INC.

Principal Place of Business

Mailing Address

1116 TANNER DR.  
TALLAHASSEE FL 32310

1116 TANNER DR.  
TALLAHASSEE FL 32310

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/08/1999

5. FEI Number

31-1713926

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FERRELL, ERNEST	1116 TANNER DR.	TALLAHASSEE FL 32310
VD	RHODES, CARL Harris, Lee	P.O. BOX 7451 1262 West 4th ST	JACKSONVILLE TALLAHASSEE FL 32304 32209
TD	SHANNON, VINCENT Adewumi, Adwale	1345 NORTH WEBSTER AVENUE 406 North Myrtle Avenue	LAKELAND FL 33805 New Smyrna Beach, FL 32168
SD	THOMAS, KIMBEL Kimball	5400 EASTON POINTE WAY # 315 Dukes Avenue # 402	TALLAHASSEE FL 32317 Naples, FL 34110
CHD	YATES, BERNARD	1025 EAST ANDERSON ST.	PENSACOLA FL 32503
D	HARRIS, LEE	1262 WEST 4TH ST.	JACKSONVILLE FL 32209

8. Name and Address of Current Registered Agent

HARRIS, LEE  
1262 W. 4TH ST.  
JACKSONVILLE FL 32209

9. Name and Address of New Registered Agent

Name

Ernest Ferrell

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

1116 Tanner Dr.

Suite, Apt. #, Etc.

Tallahassee

City

State

FL

Zip Code

32310

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

10/14/03

11. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

CR2E040 (7/03)