

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**

**REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR 10 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000064280

1. Corporation Name

Gateway Mortgage LCorp.

01-03  
UBR

2. Principal Office Address

13355 Tamiami Trail

Suite, Apt. #, etc.

Suite C

City & State

North Port, FL

Zip

34287

Country

USA

3. Mailing Office Address

13355 Tamiami Trail

Suite, Apt. #, etc.

Suite C

City & State

North Port, FL

Zip

34287

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6-2000

5. FEI Number

65-1021095

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

Frederick P. Shute, Sr.

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

3381 Moravia Ave.

Suite, Apt. #, Etc.

City

North Port

State  
FL

Zip Code

34286

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

*Frederick P. Shute, Sr.*

REGISTERED AGENT MUST SIGN

Date 2-26-03

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.	Frederick P. Shute Sr	3381 Moravia Ave	North Port FL 34286
D.	Frederick P. Shute SR	3381 Moravia Ave	North Port FL 34286
			56 UBR Returned

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-03  
Date

941-426-1489  
Daytime Phone #

Frederick P. Shute Sr.