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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # Gateway Financial Trust, INC

1. Corporation Name

PO2 0000 18409

2. Principal Office Address

2321 W Kentucky Ave

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33607

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

—

Zip

Country

\*FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 SEP 30 AM 8:00

**REINSTATEMENT** 03-04

200041492722  
09/30/04--01036--005 \*\*600.00

200041492722  
09/30/04--01036--004 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

2/18/2002

5. FEI Number

52-1012954

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

James, Marcia T

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

2148 Orange Blvd

Suite, Apt. #, Etc.

City

Jacksonville

State  
**FL**

Zip Code  
32212

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

Marcia T

REGISTERED AGENT MUST SIGN

Date

9/27/04

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
Pres	<u>Marcia James</u>	<u>2321 W Kentucky Ave</u>	<u>Tampa FL 32211</u>
VP	<u>Cameron Daley</u>	<u>2321 W Kentucky Ave</u>	<u>Tampa FL 32211</u>

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:

Marcia T

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/27/04

Daytime Phone #

839108591

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Hello

I have enclosed 2 checks for the re-instatement of my corporation. One for \$300.00 and one for \$600.00. I am asking for a waiver of the \$600.00 reinstatement fee due to the fact that my office has moved and I did not receive the form.

I am a small business and would appreciate your consideration.

Thanks

Marcia James