

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN -1/ AM 8:00

DOCUMENT # P02000105280

1. Corporation Name

GARDENS GATE OF WINTER HAVEN, INC.

2. Principal Office Address

3370 Lakeview Drive

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33884

Country

USA

3. Mailing Office Address

3370 Lakeview Drive

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33884

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 09/27/2002

5. FEI Number

54-2077165

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04
MRD

7. Name and Address of Current Registered Agent

Name

Mark G. Turner

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

255 Magnolia Avenue, Southwest

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33880

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

Robert G. Sheffield
REGISTERED AGENT MUST SIGN

Date 05/ /2004

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
D/P	Robert G. Sheffield	3370 Lakeview Drive	Winter Haven, FL 33884
D/S/T	Melvin Hallack	3623 Red Oak Court	Lake Wales, FL 33853

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT G. SHEFFIELD,
President

05/6 /2004

Date

(863) 581-2163

Daytime Phone #

CR2E081 (01/04)