

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 19 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000044865

1. Corporation Name

GATEWAY OF NORTHWEST FLORIDA, INC.

Principal Place of Business

24 WALTER MARTIN RD.  
FT. WALTON BEACH FL 32548

Mailing Address

24 WALTER MARTIN RD.  
FT. WALTON BEACH FL 32548

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



REINSTATEMENT

2. New Principal Office Address, If Applicable 10 Racetrack Road, NW Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 10 Racetrack Road, NW Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 05/20/1996
City & State Fort Walton Beach, FL Zip 32547 Country USA	City & State Fort Walton Beach, FL Zip 32547 Country USA	5. FEI Number 59-3388129
		Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DP	KRUSE, CRAIG J	10 RACETRACK RD., NW	FT. WALTON BEACH FL 32547
DV	DELCHAMPS, RANDY	600 BEL AIR BLVD., STE. 131	MOBILE AL 36606
DST	LYON, WILLIAM M	P.O. BOX 16124 N/A	MOBILE AL 36616
			7000003031077--8 -11/01/99--01114--001 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent MEAD, MICHAEL W 24 WALTER MARTIN RD. FT. WALTON BEACH FL 32548	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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.

Signature of Registered Agent: Michael W. Mead REGISTERED AGENT MUST SIGN Date: 10/13/99

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: CRAIG J. KRUSE, PRESIDENT Date: 10/13/99 (850) 863-4900 Daytime Phone #

CDBE040 (8/99)