

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000040585

1. Corporation Name

DAYTONA GATEWAY DEVELOPMENT, INC.

Principal Place of Business

211 EAST INTERNATIONAL SPEEDWAY BOULEVARD
DAYTONA BEACH FL 32118

Mailing Address

211 EAST INTERNATIONAL SPEEDWAY BOULEVARD
DAYTONA BEACH FL 32118

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite 213

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1999

5. FEI Number

59-3590962

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
President	Felix Amon	4205 S. Atlantic Ave.	Daytona Beach, FL 32127
Secretary Treasurer	Versula Amon	4205 S. Atlantic Ave.	Daytona Beach, FL 32127

500003473505--5
11/21/00--01110--024
***750.00 ***750.00

8. Name and Address of Current Registered Agent

GARDNER, ROBERT M
209 SOUTH HALIFAX AVENUE
DAYTONA BEACH FL 32118

9. Name and Address of New Registered Agent

Name Robert N. Parden
Street Address (P.O. Box Number is Not Acceptable)
6011 N. Wymore Rd
Suite, Apt. #, Etc.
Ste 219
City Winter Park
State FL Zip Code 32789

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 AgentSIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 26 Oct 00

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.

KE

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-00

Date

9042582144

Daytime Phone #