

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K95549

FILED
Dec 04, 2009
Secretary of State

Entity Name: GATEWAY COMMUNICATIONS SERVICES, INC.

Current Principal Place of Business:

24301 WALDEN CENTER DR
STE 300
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

657 MASTERS WAY
PALM BEACH GARDENS, FL 33148 US

Current Mailing Address:

24301 WALDEN CENTER DR
STE 300
BONITA SPRINGS, FL 34134 US

New Mailing Address:

657 MASTERS WAY
PALM BEACH GARDENS, FL 33148 US

FEI Number: 65-0133017 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
STE. 300
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

SAWYER, EDWARD E
200 S. BISCAYNE BOULEVARD
STE 4900
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: EDWARD E. SAWYER 12/04/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: SCHEIDEMANN, ERNEST J
Address: 24301 WALDEN CTR DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VS (X) Delete
Name: HASTINGS, VIVIEN N
Address: 24301 WALDEN CTR DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VAS (X) Delete
Name: CULLEN, JAMES D
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: PRIMACK, AURIN
Address: 657 MASTERS WAY
City-St-Zip: PALM BEACH GARDENS, FL 33148

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AURIN PRIMACK P 12/04/2009

Electronic Signature of Signing Officer or Director Date