

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000013347

FILED
Sep 30, 2005
Secretary of State

Entity Name: GATEWAY MORTGAGE BANKERS, INC.

Current Principal Place of Business:

6101 BLUE LAGOON DR
SUTIE 400
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

6101 BLUE LAGOON DR
SUTIE 400
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 65-0757266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEIRELES, ELA
6101 BLUE LAGOON DR
STE 400
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

SANCHEZ, ELA
6101 BLUE LAGOON DR
STE 400
MIAMI, FL 33126 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: ELA SANCHEZ

09/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEIRELES, ELA
Address: 210 SW 28 RD
City-St-Zip: MIAMI, FL 33129

Title: VP () Delete
Name: CENTENO, MICHAEL
Address: 13831 SW 106TH ST
City-St-Zip: MIAMI, FL 33186

Title: S (X) Delete
Name: AMARGOT, ELIZABETH
Address: 2425 W 76 ST #113
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SANCHEZ, ELA
Address: 6101 BLUE LAGOON DR SUTIE 400
City-St-Zip: MIAMI, FL 33126 US

Title: VP (X) Change () Addition
Name: BURGESS, PETER
Address: 6101 BLUE LAGOON DR SUTIE 400
City-St-Zip: MIAMI, FL 33126 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELA SANCHEZ

PD

09/30/2005

Electronic Signature of Signing Officer or Director

Date