

# 2007 LIMITED PARTNERSHIP REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 NOV -6 PM 4:17

DOCUMENT # B06000000210

1. Entity Name  
GATEWAY C FUND VII, L.P.



Principal Place of Business  
28 STATE STREET, 10TH FLOOR  
BOSTON, MA 02109

Mailing Address  
28 STATE STREET, 10TH FLOOR  
BOSTON, MA 02109



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10182007 REIN-LP CR2E100 (1/07)

City & State

City & State

4. FEI Number

20-0338873

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301

Name Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

City Tallahassee

FL

Zip Code  
32301

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE

*Lisa C. Mulligan*  
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

10-19-07

DATE

FILE NOW!!! FEE IS \$500.00

After January 1, 2008, Fee will be \$1000.00

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GATEWAY C FUND VII, LLC  
28 STATE STREET, 10TH FLOOR  
BOSTON, MA 02109

STREET ADDRESS  
CITY-ST-ZIP  
600111634606  
11/02/07--01011--021 \*\*500.00

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STREET ADDRESS  
CITY-ST-ZIP

REINSTATEMENT 2007

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

*Michael A. Ruane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10/25/07

Date

1617/476-2700

Daytime Phone #

STAPLE CHECK HERE