


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F00000000819

1. Corporation Name

GATEWAY INTERNATIONAL CLEARANCE SERVICES, INC.

Principal Place of Business	Mailing Address
8292 NW 14TH STREET MIAMI FL 33126	8292 NW 14TH STREET MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

76-0629083

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
XPDC	SMITH, GEORGE J	3307 FLICKERING CANDLE	SPRING TX
V	WRIGHT, LISA L	35 QUIET PEACE PLACE	THE WOODLANDS TX 77381
T	MCCAUGHEY, William J	15103 FOREST TRAILS	HOUSTON, TX 77095

900045086033

01/20/05-01022-025 **1058.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ENGLISH, DONNA
8292 NW 14TH ST.
MIAMI FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/12/2005

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/12/05 (281) 443-7447

CR20040 (7/03)