

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 # **F00000004652**

1. Corporation Name

GATEWAY PRODUCTION, INC.

Principal Place of Business

Mailing Address

6971 N. FEDERAL HWY
BOCA RATON FL

PO BOX 4441
BOCA RATON FL 33429

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/2000

5. FEI Number

65-0837425

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
PC	CUCCHI, THERESA E	9068 VILLA PORTOFINO CIR	BOCA RATON FL 33486
		10080 150TH COURT NORTH	Jupiter Farms, FL. 33478

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAWSON, CHERI
775 BAILEY STREET
BOCA RATON FL 33487

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

Cheri Lawson

REGISTERED AGENT MUST SIGN

Date

October 9th 2003

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

Theresa E. Cucchi THERESA E. CUCCHI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.9.2003 (561.213.7403

Date

Daytime Phone #

CR2ED040 (7/03)

Gateway Production, Inc.
PO Box 4441
Boca Raton, Florida 33429

October 9, 2003

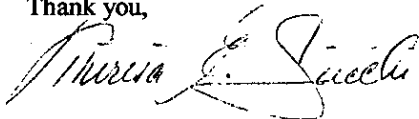
Florida Department Of State

Dear Sir or Madam:

Please be informed that Gateway Production, Inc. did not receive the 2003 uniform business report. As such our corporation should not have been administratively dissolved.

Enclosed please find a corporate check in the amount of \$158.75 to cover the cost or refilling the 2003 Business report and a copy of Certificate of Status.

Thank you,

A handwritten signature in cursive script, appearing to read "Theresa E. Cucchi".

Theresa E. Cucchi
President