

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000003591

1. Entity Name  
INFORMATION GATEWAYS INC.



FILED

2006 AUG 21 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08012006 REIN-P CR2E098 (11/05)

4. FEI Number  
38-3342858

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Juanita Mahoney* *Juanita Mahoney, Ass't Sec* 8/1/2006  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

## 10. OFFICERS AND DIRECTORS

TITLE CPT  
NAME CHENNAMSETTY, VEERASWAMI ☐ Delete  
STREET ADDRESS 30300 TELEGRAPH ROAD STE 123  
CITY-ST-ZIP BINGHAM FARMS, MI 48025

TITLE VCVP  
NAME MONGA, SUNIL ☐ Delete  
STREET ADDRESS 5900 CENTREVILLE ROAD, STE. 425  
CITY-ST-ZIP CENTREVILLE, VA 20121

TITLE DS  
NAME CHENNAMSETTY, VIJAYA ☐ Delete  
STREET ADDRESS 30300 TELEGRAPH ROAD STE 123  
CITY-ST-ZIP BINGHAM FARMS, MI 48025

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME 200079047492 ☐ Change ☐ Addition  
STREET ADDRESS 08/23/06--01026--015 \*\*\*900.00  
CITY-ST-ZIP

TITLE VCVP  
NAME MONGA, SUNIL ☒ Change ☐ Addition  
STREET ADDRESS 6800 VERSAR CENTER, STE 300  
CITY-ST-ZIP SPRINGFIELD, VA 22151

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Veeraswami Chennamsetty* 08/16/06 248-290-0190  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #