## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Α	RPLICATION
`6	FOR
łΕ	INSTATEMEN



KINGSGATE PROPERTIES, INC.

## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCU	MENT	#
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FILED

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SACRETARY OF STATE FALEAMASSEE, FLORIDA

1. Corporation Name

Principal Place of Business

Mailing Address

539 BEACHLAND BLVD. VERO BEACH, FL 32963

5TH FLOOR 108-110 FINCHLEY RD

LONDON NW3 5JJ

	32963		UNITED K		KEM	STATE	<b>VENT</b>	Q.18
If above addresses are incorrect in any way, line through incorrect in any way, line t			ing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida			
Suite, Apt. #, etc. Suite, Apt		Suite, Apt. #	#, etc.		5. FEI Number			
City & State City & S		City & State	ate		N/A Applied Not App			
Zip	Country	Zip	Cou	ntry	6. CERTIFICAT	E OF STATUS DESIRE		nal Fee required cate of Status
7. Names an	nd Street Addresses of Each Officer and	or Director (Flo	orida nonprofit corpo	orations must list at le	east 3 directors)			
Title(s) Name of Officers and/or Directors				Street Address of Eac Officer and/or Directo Use Post Office Box	r City / State / Zip			
resident MR. JAN KIRIYA			5TH FLOOR, CHARLES HOUSE 108-110 FINCHLEY ROAD LONDON NW3 5JJ,				NW3 5JJ,U	.K.
Vice rēside:	nt MR. CHARLES S	ACHDEV	85 RENF	REW DR.,	MAIN FLO	MARKHAM,	ONTARIO, L3R_0N9_	CANADA
ccre <u>ta</u>	ry MR. CHARLES S	ACHDEV	85 RENF	REW DR.,	MAIN FLO	MARKHAM,	ONTARIO, -L3R-0N9-	CANADA
					80	00031 -02/03/0 ***2133	29808 0001077 3.75 ***21	
	8. Name and Address of Current	Registered Age	ent		9. Name and	Address of New Re	egistered Agent	
				Name VERO BEACH REALTY INC.  Street Address (P.O. Box Number is Not Acceptable)  539 BEACHLAND BLVD.  Suite, Apt. #, Etc.				
10. L being a	ppointed the registered agent of the abo	ve named corpo	pration, am familiar	VERO		on 607 0505 F.S	<b>FL</b>   329	6.3
•	gent Priscilla	Myei	ENT MUST SIGN	PRISCILL	J		14/2000	<u>,                                    </u>
	s corporation owes the ngible Personal Proper			. Yes	□ No □		e other side for inform on intangible tax.)	nation
12. I certify the	at I am an officer or director or the recei				provided for in cha	upter 607 or 617, F.5	6. 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 shell have the same legal effect as if made under oath.

SIGNATURE:

CHARLES\_SACHDEV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

905-948-1770

Daytime Phone #