2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 25 AM 10: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000006232

1. Entity Name
MANGATE OPERATING CORPORATION

W07-50726

Principal Place of Business
1200 BRICKELL AVENUE, STE 1460
MIAMI, FL 33131

Mailing Address
1200 BRICKELL AVENUE, STE 1460
MIAMI, FL 33131

REINSTATEMENT

09182006 REIN-P CR2E098 (11/05) 06-07

2. Principal Place of Business		3. Mailing Address	
801 Brickell Ave		801 Brickell Ave.	
Suite, Apt. #, etc. PH II, One Brickell Square		Suite, Apt. #, etc. PH II, One Brickell Square	
City & State Miami		City & State Miami	
Zip Fl	Country 33131	Zip Fl	Country 33131

4. FEI Number 76-0511428 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 X Anthony LiCausi — Anthony LiCausi Vice President — 10-19-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $760.00
After January 1, 2007, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST ALIBHAI, KARIM ~~1200 BRICKELL AVENUE, STE 1460~~ 801 Brickell Ave PH II MIAMI, FL 33131 One Brickell Square	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS Thomas J. Bezold 801 Brickell Ave., PH II, One Brickell Square Miami Fl 33131	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS REILLY, E. DONALD JR 1200 BRICKELL AVENUE, STE 1460 MIAMI, FL 33131	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400110698944 10/11/07--01047--001 **900.00	☐ Change ☐ Addition
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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: X [signature] — 10/26/06 — (305) 442-9808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/26/06 [illegible]

10/26 [illegible]