

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL -9 AM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # F98000005574

1. Corporation Name

GATEWAY LOCKWOOD, INC.

300 North Lake Avenue
300 North Lake Avenue

2. Principal Office Address

300 North Lake Avenue

3. Mailing Office Address

300 North Lake Avenue

Suite, Apt. #, etc.

Suite 620

Suite, Apt. #, etc.

Suite 620

City & State

Pasadena, CA

City & State

Pasadena, CA

Zip

91101

Country

USA

Zip

91101

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/6/1998

5. FEI Number

95-4683472

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301-2525

700039310487

07/19/04--01063--005 **900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

7-8-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTCD	Marsha D. Richter	300 North Lake Avenue, Suite 620	Pasadena, CA 91101
V	David L. Muir	300 North Lake Avenue, Suite 620	Pasadena, CA 91101
V	Gregg Rademacher	300 North Lake Avenue, Suite 620	Pasadena, CA 91101
VS	Margaret O. Shuler	300 North Lake Avenue, Suite 620	Pasadena, CA 91101
VASAT	Earl W. Buehner	300 North Lake Avenue, Suite 620	Pasadena, CA 91101

10. 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]

MARGARET O SHULER
VICE PRESIDENT & SECRETARY

7/7-04

626-564-2343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)