APPROVED AND FILED

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

1997 AUG -6 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instruction on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # K11030

Starting Gate Property Management & Leasing Inc.
350 South County Road
Suite 203
Palm Beach, FL 33480

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number		FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
January 7, 1988	65-0020366		FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officer and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Director	Peter J. Pellegrino	350 South County Road Suite 203	West Palm Beach, FL 33480
Director			
Director			
Director			

REINSTATEMENT '96-'97
SCC 8-6-97

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Corporate Creations Enterprises, Inc.
4521 PGA Boulevard #211
Palm Beach Gardens, FL 33418

9. If changed, new registered agent/office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City | State: FL | Zip

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.

Signature of registered agent: [signature] VICE PRESIDENT Date 7/24/97
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

12. Does this corporation pay any intangible tax to the Department of Revenue under S. 199.032, Florida Statutes. YES ☒ NO ☐

13. 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 instrument application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. and that all fees owed by the corporation have been paid. The information reflected on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Officer or Director [signature] Date 7/24/97 Daytime Phone # 561-793-4461

Typed or printed name of signing officer or director Peter J. Pellegrino

H97000011478

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Director			
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Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City	State	Zip
	FL	

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.

Signature of Registered agent [signature] Date 1/24/97

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

12. Does this corporation pay any intangible tax to the Department of Revenue under S. 199.032, Florida Statutes. YES ☒ NO ☐

13. 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. and that all fees owed by the corporation have been paid. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Officer or Director [signature] Date 1/24/97 Daytime Phone # 561-795-4401

Typed or printed name of signing officer or director Peter J. Pellegrino

K11030

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7/15/97 FLORIDA DIVISION OF CORPORATIONS 8:54 AM
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

(((H97000011478 9)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000

FROM: CORPORATE CREATIONS INTERNATIONAL INC. ACCT#: 073171003004
CONTACT: ~~JOHNNY C RODRIGUEZ~~ Luis
PHONE: (305)672-0686 FAX #: (305)672-9110

NAME: STARTING GATE PROPERTY MANAGEMENT AND LEASIN
AUDIT NUMBER.....H97000011478
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..0 PAGES..... 2
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** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

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