

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 MAR 10 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
000145461470  
03/10/09--01038--016 \*\*971.25

**DOCUMENT #**

LO2000003689

1. Limited Liability Company's Name

Gate Technologies, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

2101 NW Corporate Blvd.

3. Mailing Office Address

2101 NW Corporate Blvd.

Suite, Apt. #, etc.

Suite 317

Suite, Apt. #, etc.

Suite 317

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 2/14/2002

6. FEI Number

01-0608487

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Alex Leonardo, c/o Levy & Associates

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

2101 NW Corporate Blvd.

Suite, Apt. #, Etc.

Suite 317

City

Boca Raton, FL

State

FL

Zip Code

33431

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*[Signature]*

Date

2/5/09

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Roger Dube	35 Stonington Drive	Pittsford, NY 14534
MGR	Rick Morgenstern	2626 N.W. 64th Blvd	Boca Raton, FL 33496
	L. SELLERS		
	MAR 11 2009		
	EXAMINER		

REINSTATEMENT 03-09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*[Signature]* Dr. Roger R. Dube

Date

2/18/09

Daytime Phone #

561-859-4283

Typed or printed name of signing Managing Member/Manager Dr. Roger R. Dube