

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M75535

1. Corporation Name

Bonita Gateway Corporation

2. Principal Office Address

3831 NE 166 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33160

Country

US

3. Mailing Office Address

3831 NE 166 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33160

Country

US

REINSTATEMENT

2000

4. Date Incorporated or Qualified
To Do Business in Florida

April 6, 1988

5. FEI Number

650109018

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

Kathleen C. Passidomo, Esq. c/o Kelly & Passidomo, LLP

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

2640 Golden Gate Parkway

Suite, Apt. #, Etc.

Suite 305

City

Naples

State

FL

Zip Code

34105

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

REGISTERED AGENT MUST SIGN

Date 11/7/00

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
P/S	J. Robert Whatley	3831 NE 166 Street	Miami, FL 33160
V/T	Glenda S. Whatley	3831 NE 166 Street	Miami, FL 33160

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #