Signature of Registered Agent REGISTERED AGENT MUST SIGN  9. Names and Street Assuresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Name of Officers and/or Directors Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  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 fliing 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 profits application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE: Assured the same legal effect as if made under oath.	- 100	PLEASE REA	D ALL INST	RUCTIONS E	BEFORE C	OMPLET	ING	THIS FORM.		
TALLAHASSEE, FLORIDA  Bonita Gateway Corporation  3. Mailing Office Address 3831 NE 166 Street 3831 NE 166 Street 3831 NE 166 Street 3836 NE 166 Street 3836 NE 166 Street 3836 NE 166 Street 3837 NE 166 Street 3838 NE 166 S	CORPORATION REINSTATEMENT		Katherine Harris Secretary of State							
2. Principal Office Address  3831 NE 166 Street  3831 NE 166 Street  Sulte, Apt. 8, etc.  Miami, FL  Zip  Country  Sireet Address (PC Bork Number in Not Acceptable)  Zire Address (PC Bork Number in Not Acceptable)  Zive Address (PC Bork Number in Number in Not Acceptable)  Zive Address (PC Bork Number in Num		191 117.7				SECRETARY OF STATE ALEAHASSEE, FLORIDA				
Sulle, Apt #, etc.  4. Date incorporated or Qualified To Do Business in Florida April 6, 1988  Miami, FL  Zip  Country  Zip  Sulle, Apt #, etc.  A. Date incorporated or Qualified To Do Business in Florida April 6, 1988  S. FEI Number 650109018  Recompton 1009018  Satisface Appril 6, 1988  S. FEI Number 650109018  Satisface Appril 6, 1988  S. FEI Number 650109018  S. L. being apocinted business in Roll Acceptable)  S. Suite 305  City Naples  S. Suite 305  City Naples  S. Suite 305  S. Suite 305  City Naples  S. Suite 305  City Naples  S. Suite 305  City Names and Sirveti Abdicessor of Each Officer andre/ Director of Thomas 1500  S. Suite 305  City Names of Officers andre/ Director of Thomas 1500  S. Suite 305  City State / Zip  S. Suite 305  City / State / Zip  S. Suite	Boni	ta Gateway Corp	oration 🛴	-						
Sulle, Apt #, etc.  4. Date incorporated or Qualified To Do Business in Florida April 6, 1988  Miami, FL  Zip  Country  Zip  Sulle, Apt #, etc.  A. Date incorporated or Qualified To Do Business in Florida April 6, 1988  S. FEI Number 650109018  Recompton 1009018  Satisface Appril 6, 1988  S. FEI Number 650109018  Satisface Appril 6, 1988  S. FEI Number 650109018  S. L. being apocinted business in Roll Acceptable)  S. Suite 305  City Naples  S. Suite 305  City Naples  S. Suite 305  S. Suite 305  City Naples  S. Suite 305  City Naples  S. Suite 305  City Names and Sirveti Abdicessor of Each Officer andre/ Director of Thomas 1500  S. Suite 305  City Names of Officers andre/ Director of Thomas 1500  S. Suite 305  City State / Zip  S. Suite 305  City / State / Zip  S. Suite	2. Princip	al Office Address	ce Address		-					
Suite, Apt. 8, etc.    Suite, Apt. 8, etc.   Suite, Apt. 8, etc.   Suite, Apt. 8, etc.   4. Displayed School Suite				TO 000 0 F			STATEMENT ON			
City & State  Mi ami , FL  Mi ami , FL  Zip  Country  Zip  33160  US  To Name and Address of Current Registered Agent  For Street Address (PO, Box Number is Not Acceptable)  2640 Golden Gate Parkway  Sulta Art , Ftc.  Suite 305  City  Name and Street Address of Current Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Address of Each Officer and/or Director  Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Address of Each Officer and/or Director  Officer and/or Director  P/S  J. Robert Whatley  3831 NE 166 Street  Mi ami , FL 33160  10. Loerlify that I am an officer or director or the receiver or trustee empowered for execute this application as provided for in chapter 807 or 817, ES, I further certify that when sling this reinstatement application, the rescens for dissolution has been eliminated, the corporate name satisfate life size reinment of section 1807,03(1), FS. The information indicated in this application is true and accurate, and my signature shall have the same legal effect as af made under cate.  SIGNATURE:  Applied For						No. 62 Mg	<i>9</i> 9 6 6	in the same of a	ZU(A)	
Miami, FL  Wiami, FL  Zip  Country  33160  US  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  T. Name and Address of Current Registered Agent  Name  Kathleen C. Passidomo, Esq. c/o Kelly & Passidomo, LLP  Street Address (PO. Box Number is Not Acceptable)  2640 Golden Gate Parkway  Sulte, Apt. R. Etc.  Street Address (PO. Box Number is Not Acceptable)  2640 Golden Gate Parkway  Sulte, Apt. R. Etc.  ***********************************	City 8 State							lorida	988	
Signature of   Registered Agent   Registered Agen			1	· ·			5. FEI Number Applied For			
To Name and Address of Current Registered Agent   To Name and Address of Current Registered Agent   To Name and Address of Current Registered Agent   To Name   Kathleen C. Passidomo, Esq. c/o Kelly & Passidomo, LLP   Sireet Address (Po. Box Number is Not Acceptable)   2640   Golden Gate Parkway   Sulle, Apt. F. Etc.   Suite 305   Sulle, Apt. F. Etc.   Suite 305   Sulle, Apt. F. Etc.   Suite 305   Sulle 305			<del></del>		···	6.		\$8.75 Addition		
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. 8, Etc.  ******** 158. 75  Suite 305  City Naples  8. 1, being appointed the free free free free free free free fr	33160	) US	33160	US		CERTIFICATE	OF STATUS	S DESIRED X for a Certific	cate of Status	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors Officer and/or Director Officer and/o	Signature o	Kathleen C. Pa Street Address (P.O. Box Numbe 2640 Golden Ga Suite, Apt. #, Etc. Suite 305 City Naples	ris Not Acceptable) ite Parkwa	У		60	State FL	10345375 11/15/00-01025 *****758.75 ***  Zip Code   34105	<u>==_004</u>	
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. 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: A Society of Street Address of Each Officer and/or Director Miami, FL 33160  SIGNATURE: 10. A Society of Street Miami, FL 33160  STGNATURE: 10. A Society of Street Miami, FL 33160  SIGNATURE: 10. A Society of Street Miami,	2	9 /								
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davime Phone #										

STF FL32524F.1