2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N50336

1. Entity Name
NEW GATE SCHOOL, INC.

05 DEC 12 PM 12:22

SEC... STATE
TALLA... FLORIDA

05

11092005 REIN-NP CR2E099 (6/04)

Principal Place of Business	Mailing Address
5237 ASHTON RD SARASOTA, FL 34233	5237 ASHTON RD SARASOTA, FL 34233

2. Principal Place of Business	3. Mailing Address
5237 Ashton Rd	5237 Ashton Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34233 Country: USA	Zip: 34233 Country: USA

4. FEI Number: 65-0358841 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLAGHER, CRISTOPHER
5237 ASHTON RD.
SARASOTA, FL 34233

7. Name and Address of New Registered Agent

Name: PAUL WENNINGER
Street Address (P.O. Box Number is Not Acceptable): 5237 Ashton Rd
City: SARASOTA FL Zip Code: 34233

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 11/10/05
Signature, typed or printed name of registered agent and title if applicable. PAUL WENNINGER (NOTE: Registered Agent signature required when reinstating) HEAD OF SCHOOL DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2006, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCCONAGILL, GEORGE 4736 ACORN CIRCLE SARASOTA, FL 34233	☐ Delete	TITLE D NAME PAUL WENNINGER STREET ADDRESS 5237 ASHTON Rd CITY-ST-ZIP SARASOTA, FL 34233	☐ Change ☒ Addition HEAD of SCHOOL - DIRECTOR
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DOUGHERTY, BARBARA 7825 SANDERLING RD SARASOTA, FL 34242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100061442491 11/15/05--01057--011 **236.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, RANDY 6605 NAUTICAL DR. BRADENTON, FL 34202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TRUSHEL, LYNNE 5235 SHADOW LAWN DR SARASOTA, FL 34232	☒ Delete	TITLE CHAIRMAN NAME Jimmy Dean STREET ADDRESS 6720 Ashley Cover CITY-ST-ZIP SARASOTA, FL 34241	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOGAN, JAY 1863 IRVING STREET SARASOTA, FL 34236	☒ Delete	TITLE TREASURER NAME STEVE KNOPIK STREET ADDRESS 3165 CHARLES MACDONALD DR. CITY-ST-ZIP SARASOTA, FL 34240	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NATHASON, ROGER 4720 ACORN CIRCLE SARASOTA, FL 34233	☒ Delete	TITLE SECRETARY NAME DANA WEST STREET ADDRESS 920 SILVS TRAIL CITY-ST-ZIP SARASOTA, FL 34232	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PAUL WENNINGER 11/10/05 941 922 4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HEAD OF SCHOOL Date Daytime Phone #