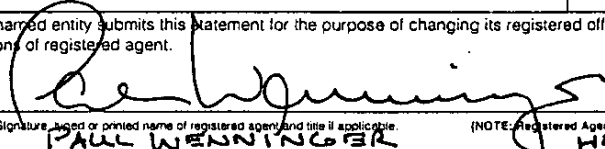
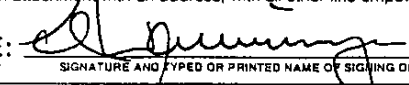


2005 NQT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N50336 1. Entity Name NEW GATE SCHOOL, INC.						05 DEC 12 PM 12:22 SEC. OF STATE TALLAHASSEE, FLORIDA 05	
Principal Place of Business 5237 ASHTON RD SARASOTA, FL 34233				Mailing Address 5237 ASHTON RD SARASOTA, FL 34233			
2. Principal Place of Business 5237 Ashton Rd		3. Mailing Address 5237 Ashton Rd.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11092005 REIN-NP CR2E099 (6/04)			
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEI Number 65-0358841		Applied For Not Applicable	
Zip 34233		Country USA		Zip 34233		Country USA	
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 obligation of registered agent.			
SIGNATURE:  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: 11/10/05			
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: P NAME: MCCONAGILL, GEORGE STREET ADDRESS: 4736 ACORN CIRCLE CITY-ST-ZIP: SARASOTA, FL 34233				TITLE: D NAME: HEAD of School-DIRECTOR STREET ADDRESS: PAUL Wenninger CITY-ST-ZIP: 5237 ASHTON RD SARASOTA, FL 34233			
TITLE: V NAME: DOUGHERTY, BARBARA STREET ADDRESS: 7825 SANDERLING RD CITY-ST-ZIP: SARASOTA, FL 34242				TITLE: 100061442491 11/15/05--01057--011 **236.25			
TITLE: D NAME: MILLER, RANDY STREET ADDRESS: 6605 NAUTICAL DR. CITY-ST-ZIP: BRADENTON, FL 34202				TITLE: CHAIRMAN NAME: Jimmy Dean STREET ADDRESS: 6720 ASHLEY COURT CITY-ST-ZIP: SARASOTA, FL 34241			
TITLE: S NAME: TRUSHEL, LYNNE STREET ADDRESS: 5235 SHADOW LAWN DR CITY-ST-ZIP: SARASOTA, FL 34232				TITLE: TERAJULLE NAME: STEVE KADOPK STREET ADDRESS: 3165 CHARLES MADONALD DR. CITY-ST-ZIP: SARASOTA, FL 34240			
TITLE: D NAME: LOGAN, JAY STREET ADDRESS: 1863 IRVING STREET CITY-ST-ZIP: SARASOTA, FL 34236				TITLE: SECRETARY NAME: DANA WEST STREET ADDRESS: 920 SILVUS TRAIL CITY-ST-ZIP: SARASOTA, FL 34232			
TITLE: D NAME: NATHASON, ROGER STREET ADDRESS: 4720 ACORN CIRCLE CITY-ST-ZIP: SARASOTA, FL 34233				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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: PAUL WENNINGER HEAD OF SCHOOL				DATE: 11/10/05 Daytime Phone #: 941 922 4949			