

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000024683

1. Corporation Name

STARGATE TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

8957 C SW 21 COURT  
BOCA RATON FL 33433

8957 C SW 21 COURT  
BOCA RATON FL 33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/03/2000

5. FEI Number

650990132

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GUZMAN, CARMEN M	8957 C SW 21 COURT	BOCA RATON FL 33433
V	GUZMAN, JOSE Y	8957 C SW 21 COURT	BOCA RATON FL 33433

300004668903--7  
-11/06/01--01046--022  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESTIME, GILBERT  
17454 SW 79 CT  
MIAMI FL 33157

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Estime Gilbert*

REGISTERED AGENT MUST SIGN

Date

10-16-2001

11. 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:

*Estime Gilbert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-01 (561)4513867

FILED  
01 OCT 19 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2001UBK

CR3E040 (8/01)

2012

STARGATE TECHNOLOGIES, INC.  
8957 C. SOUTH WEST 21 COURT  
BOCA RATON, FL. 33433-7394  
(561) 451-3867

To Whom It May Concern:

Please be aware that we did not received the first letter send by the department

Of the State: The only letter that I received was the notice of administrative dissolution.

Thank you for your time and please reinstate STARGATE TECH. INC. to active

Thank you,

JOSE GUZMAN  
VICE-PRESIDENT

