

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

02 MAY -2 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000034417

1. Corporation Name

Gateway Referral Network, Inc.

2. Principal Office Address

200 NE 2nd Drive

Suite, Apt. #, etc.

3. Mailing Office Address

200 NE 2nd Drive

Suite, Apt. #, etc.

City & State

Homestead, FL

City & State

Homestead, FL

Zip

33030

Country

USA

Zip

33030

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/31/2000

5. FEI Number

002698100

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

Michael J MARCUS

500005507609--8

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

200 NE 2nd Drive

-05/14/02--01008--004

****300.00 ****300.00

Suite, Apt. #, Etc.

City

Homestead, FL

State

FL

Zip Code

33030

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

[Signature]

Date 4/30/02

REGISTERED AGENT MUST SIGN

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
D	Houston, Robert B.	200 NE 2 nd Drive	Homestead, FL 33030
D	MARCUS, Michael J	200 NE 2 nd Drive	Homestead, FL 33030

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

305-245-6262

Daytime Phone #

CR2E081 (9/01)