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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/10/01--01116--006
****150.00 ****150.00

| | | | |
|--|-----------------------------------|--|--------------------|
| CORPORATION | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 700000071649 1. Corporation Name NOVA Gate Systems, Inc. | | | |
| 2. Principal Office Address 16640 Boca Island Club Dr Suite, Apt. #, etc. P.O. Box 379 City & State Bokeelia FL Zip 33922 Country Lee | | 3. Mailing Office Address Suite, Apt. #, etc. P.O. Box 379 City & State Bokeelia FL Zip 33922 Country Lee | |
| 4. Date Incorporated or Qualified To Do Business in Florida 07/24/00 | | 5. FEI Number 65-1036286 Applied For Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | \$3.75 Additional Fee for Fee, with Certificate of Status | |
| 7. Name and Address of Current Registered Agent Name James F. Mawn Street Address (P.O. Box Number is Not Acceptable) 16640 Boca Island Club Dr Suite, Apt. #, Etc. City Bokeelia FL State FL Zip Code 33922 | | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S. Signature of Registered Agent: <u>James F. Mawn</u> Date: <u>12/3/01</u> REGISTERED AGENT MUST SIGN | | | |
| 9. Name 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 |
| Pres. | James F. Mawn | P.O. Box 379 | Bokeelia, FL 33922 |
| VP | William E. Maughan | 6565 Fox Crest Lane | Lakeland, FL 33813 |
| Bd Mbr | Michael J. Mawn | 5 Oleander Circle | Lakeland, FL 33801 |
| Bd Sec | Joyce C. Mawn | P.O. Box 379 | Bokeelia, FL 33922 |
| | | | |
| | | | |
| 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 118.07(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: <u>Joyce C. Mawn</u> <u>Joyce C. Mawn</u> <u>12/3/01</u> <u>(941) 283-6490</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Secretary | | | |

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Nova Gate Systems, Inc.

**P.O. Box 379
Bokeelia, Florida 33922
941-283-6490**

December 3, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed is a completed Corporation Reinstatement form and check #2099 for \$150.00.

Please reinstate Nova Gate Systems for the usual annual fee because we did not receive the annual notification. Because a physical address was used to send the form instead of the post office box the form was not delivered to us or placed in our post office box but instead returned to you as undeliverable. We do not have mailboxes or mail delivery at our location; and in order for Nova Gates to receive all mail, it must be addressed with our post office box listed above. Enclosed is a letter from our Bokeelia Post Office restating this information.

Thank you for your assistance. If your need any other information please contact us at (941) 283-6490.

Sincerely

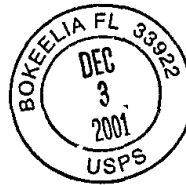
NOVA GATE SYTEMS, INC.

James F. Mawn

James F. Mawn
President

Enclosures

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DECEMBER 3, 2001

TO WHOM IT MAY CONCERN:

MR. AND MRS. JAMES MAWN RECEIVE THEIR MAIL DELIVERY IN POST OFFICE BOX 379
AT THE BOKEELIA POST OFFICE.

THERE ARE NO MAIL RECEPTACLES INSTALLED AT THE BOCILLA ISLAND CLUB FOR THE
DELIVERY OF MAIL. MAIL THAT IS ADDRESSED TO THEIR STREET ADDRESS IS RETURNED
TO SENDER ENDORSED AS NO MAIL RECEPTACLE.

SINCERELY,

A handwritten signature in cursive script that reads "Linda A. Davis".

LINDA A DAVIS
POSTMASTER
BOKEELIA FL 33922-9998