PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 MAR -4 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000112777

1. Corporation Name
STAR GATE INC.

REINSTATEMENT 02-03

900013628899
03/06/03--01050--031 **900.00

2. Principal Office Address	3. Mailing Office Address
10400 NW 33 STREET	10400 NW 33 STREET
Suite, Apt. #, etc.: 270	Suite, Apt. #, etc.: 270
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33172 Country: USA	Zip: 33172 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12-07-2000

5. FEI Number: 65-1079386 ☐ 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: JOSE F. SANCHEZ

Street Address (P.O. Box Number is Not Acceptable): 10400 NW 33 STREET S

Suite, Apt. #, Etc.: 270

City: MIAMI, FLORIDA State: FL Zip Code: 33172

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: _____ Date: 02-21-03
REGISTERED AGENT MUST SIGN

CR2E091 (10/02)

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
P	JOSE F. SANCHEZ	10400 NW 33 STREET #270	MIAMI, FLORIDA
VP	MARIA V. SANCHEZ	13540 NW 5 COURT #203	PEMBROKE PINES, FL. 33028
D	ARNALDO GONZALEZ	SW 50 AVE BUILDING 3650 SUITE H	FORT LAUDERDALE, FL. 33314

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: _____ JOSE F. SANCHEZ 02-21-03 786-6213037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JS 3/4