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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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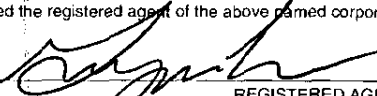
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PO1000004425			
1. Corporation Name GATE EXPECTATIONS, INC. 17921 N.W. 2ND AVE. MIAMI FL 33015			
2. Principal Office Address SAME AS ABOVE Suite, Apt. #, etc. City & State Zip Country		3. Mailing Office Address SAME AS ABOVE. Suite, Apt. #, etc. City & State Zip Country	

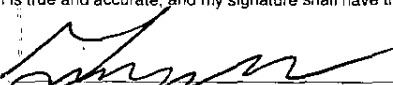
REINSTATEMENT 03-04
TA

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-1067811	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name VAN DER LAAN, GARY	
Street Address (P.O. Box Number is Not Acceptable) SAME AS ABOVE.	
Suite, Apt. #, Etc. 17921 NW 2nd Ave	
City Miami	State FL
Zip Code 33015	

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 5/9/04
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
PD	VAN DER LAAN, GARY	SAME AS ABOVE.	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 5/9/04 Daytime Phone # 305 968 5200

CR2001 (01/04)

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

Ref.: Reinstatement for a Profit Corp.

I am writing in reference to the 2003 Annual Report, which my business has not received. I apologize for the delay in making this request, however, it was not until my tax-preparer inquired about our 2004 Annual Report that we were alerted to the fact that the 2003 report had not been received.

Therefore, enclosed in this envelope, I am including my completed Reinstatement Form and a check in the amount of \$300 for two years, 2003 and 2004.

Sincerely,


Gary Van Der Laan
President