

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 25 PM 3: 06

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000009811

1. Corporation Name

GATEWAY CONSOLIDATED SERVICES, CORP
3132 FORTUNE WAY, SUITE D32
WELLINGTON, FL 33414

500103983735
06/06/07--01033--021 **458.75

REINSTATEMENT 05-07

2. Principal Office Address - No P.O. Box #

3132 FORTUNE WAY

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE D32

Suite, Apt. #, etc.

City & State

WELLINGTON FL

City & State

Zip

33414

Country

U.S.A

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

41-2034917

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

IVA P. WUMMER

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

417 OLIVE TREE CIRCLE

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33413

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Iva P. Wummer

Date 5/21/2007

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	IVA P. WUMMER	417 OLIVE TREE CIRCLE	W. PALM BEACH, FL 33413

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 contained in Chapter 119, 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:

Iva P. Wummer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/21/2007

Date

501.301.8377

Daytime Phone #