

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 DEC -9 PM 4:16

DOCUMENT # P02000023948

1. Corporation Name

GATEWAY TRADING GROUP, INC.

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

757 SE 17th Street

Suite, Apt. #, etc.

239

City & State

FORT LAUDERDALE, FL

Zip

33316

Country

USA

3. Mailing Office Address

757 SE 17th Street

Suite, Apt. #, etc.

239

City & State

FORT LAUDERDALE, FL

Zip

33316

Country

USA

4. Date Incorporated or Qualified  
To Do Business In Florida

03/05/2002

5. FEI Number  
010614544

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

ALFREDO SANTINO DEANTONIO

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

757 SE 17th Street

Suite, Apt. #, Etc.

239

City

FORT LAUDERDALE

State

FL

Zip Code

33316

☒ 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

*Alfredo S. De Antonio*  
REGISTERED AGENT MUST SIGN

Date December 4, 2009

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,T,S	ALFREDO S. DEANTONIO	757 SE 17th Street	Fort Lauderdale, FL 33316
D	Wendy S. Brown	757 SE 17th Street	Fort Lauderdale, FL 33316

10. E-mail Address: JPSLYKERMAN@HOTMAIL.COM

(To be used for future annual report notification)

11. 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. I further certify 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:

*Alfredo S. De Antonio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/2009

Date

954-868-2979

Daytime Phone #