

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 9 PM 3:29

DOCUMENT # P02000104070

1. Corporation Name

GATELAMERICA, INC.

2. Principal Office Address

5625 SW 163 AVE

Suite, Apt. #, etc.

City & State

SOUTHWEST RANCHES FL

Zip

33331

Country

USA

3. Mailing Office Address

5625 SW 163 AVE

Suite, Apt. #, etc.

City & State

SOUTHWEST RANCHES FL

Zip

33331

Country

USA

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

09/26/2002

5. FEI Number

22-3873053

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

GATELL, JR., VICTOR M

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

5625 SW 163 AVE

Suite, Apt. #, Etc.

City

SOUTHWEST RANCHES

State
FL

Zip Code
33331

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

V. Gatell Jr.

REGISTERED AGENT MUST SIGN

Date

01-06-04

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
PSD	GATELL, VICTOR M.	5625 SW 163 AVE	SOUTHWEST RANCHES FL 33331
VPD	GATELL, DONNA L	5625 SW 163 AVE	SOUTHWEST RANCHES FL 33331

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

VICTOR M GATELL JR

Date

01-06-04

Daytime Phone #

786-402-6300

CR2E031 (10-02)



Accounting & Tax Service, Inc.

January 6, 2004

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

Re: GATELAMERICA, INC.

Document no. P02000104070

2003 & 2004 Annual Report/Uniform Business Report

Dear Sir or Madam:

Enclosed please find:

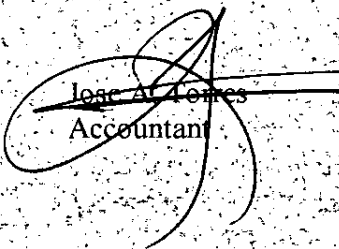
- 1). Original Corporation Reinstatement Form for 2003 and 2004
- 2). A check payable to the Department of State in the amount of \$308.75

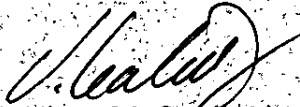
We are respectfully requesting abatement of the penalties since the above corporation did not received the form at the time to file the report. This was his first year of operation.

Please review the above circumstances and abate the penalty fee as Mr. Gatell acted in good faith to try and comply with the law and he has made a commitment to make the payment of renewal timely in the future.

We thank you in advance for your cooperation in this matter and ask, if you need additional information do not hesitate to call or contact us at your earliest convenience.

Sincerely,


Jose A. Torres
Accountant


Victor M. Gatell, Jr.
President