

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -6 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000020318

1. Corporation Name

Palm City Gateway, Inc.

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

901 SW Martin Downs Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

901 SW Martin Downs Blvd.

Suite, Apt. #, etc.

City & State

Palm City, Florida

City & State

Palm City, Florida

Zip

34990

Country

USA

Zip

34990

Country

Martin

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

02/18/2003

5. FEI Number
900072031

☐ 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

Peter Blond

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

901 SW Martin Downs Blvd.

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

☒ 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**

REGISTERED AGENT MUST SIGN

Date 4/2/09

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/D	Mahmoud Hadid	901 SW Martin Downs Blvd.	Palm City, FL 34990
VP/D	George Blond	901 SW Martin Downs Blvd.	Palm City, FL 34990
S/T/D	Peter Blond	901 SW Martin Downs Blvd.	Palm City, FL 34990

REINSTATEMENT

RIH

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:

Peter Blond

4/2/09

(772) 240-5551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #