

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG -1 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004-05 Rei.

07-25-2005 90105016****158.75
P03000157398

DOCUMENT # P03000157398

1. Corporation Name
HEAVENLY GATES, CORP

2. Principal Office Address
1310 SOUTH KILLIAM DR

3. Mailing Office Address
16791 132 TERR. N.

Suite, Apt. #, etc.
BAY 101

Suite, Apt. #, etc.

City & State
LAKE PARK, FL

City & State
JUPITER, FL

Zip
33403

Country
US

Zip
33478

Country
US

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

12/26/03

5. FEI Number
20-0561029

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
CLARO, ANTONIO

Street Address (P.O. Box Number is Not Acceptable)
16791 132 TER N

Suite, Apt. #, Etc.

City
JUPITER

State
FL

Zip Code
33478

5/3/04 91009 - 026
\$1.50

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 7/13/05

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/S/T/C	CLARO, ANTONIO	16791 132 TER. N.	JUPITER, FL 33478

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)(f), 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

7/13/05

Date

561-746-8568

Daytime Phone #

CR2004 (01/05)

ATTACHMENT

July 14, 2005

20065385

calz

Florida Department of State
Division of Corporation
P.O.Box. 6327
Tallahassee, FI 32314

REF: UBR DOG # P03000157398
HEAVENLY GATES, CORP

Dear Sir or Madam:

As per our telephone conversation with the reinstatement Department on today date this is an explanation of our case. We receive on May 14, 2004 a revocation letter asking for the FEI number, we return the form with block #4 COMPLETED by May 20, 2004. See photo copy included. We try to file our annual Report for 2005 and nothing happen, Please accept our check for \$150.00 to pay the annual report for year 2005 and reinstate our corporation.

Thank you for your attention,



Antonio Claro
President

Enclosure: Check in the amount of \$ 158.75 to cover certificate of status.