

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 11 PM 12:16

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO5000030631

1. Corporation Name

WTG-GAUS, INC.

700117721117  
02/11/08--01043--017 \*\*1058.75

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #  
315 St. Andrews Blvd.

3. Mailing Office Address  
315 St. Andrews Blvd.

Suite, Apt. #, etc.  
C-3

Suite, Apt. #, etc.  
C-3

City & State

Naples, FL

City & State

Naples, FL

Zip  
34113

Country  
USA

Zip  
34113

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/25/2005

5. FEI Number  
none

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Walter T. Gorman

Street Address (P.O. Box Number is Not Acceptable)  
315 St. Andrews Blvd.

Suite, Apt. #, Etc.  
C-3

City  
Naples

State  
FL

Zip Code  
34113

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

*[Signature]*

Date 2-6-08

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
P, T, S, D	Walter Gorman	315 St. Andrews Blvd.	Naples, FL 34113

B 2/12/08

REINSTATEMENT 06-08

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:

*[Signature]*

2/6/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #