


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 JUL -6 PM 2:22  
 SEC. OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** PD5000030631  
 1. Corporation Name  
**WTG-GAUS, INC.**

2. Principal Office Address - No P.O. Box # <b>315 ST. ANDREWS BOULEVARD</b>		3. Mailing Office Address <b>115-14 BEACH CHANNEL DRIVE</b>	
Suite, Apt. #, etc. <b>C-3</b>		Suite, Apt. #, etc.	
City & State <b>NAPLES, FL</b>		City & State <b>ROCKAWAY PARK, NY</b>	
Zip <b>34113</b>	Country <b>USA</b>	Zip <b>11694</b>	Country <b>USA</b>

**REINSTATEMENT 09-10**  
 CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida **02/25/2005**

5. FEI Number <b>20-2513249</b>	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  
**WALTER T. GORMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**315 ST. ANDREWS BOULEVARD**

Suite, Apt. #, Etc.  
**C-3**

City <b>NAPLES</b>	State <b>FL</b>	Zip Code <b>34113</b>
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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 \_\_\_\_\_ Date \_\_\_\_\_

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 BOULEVARD	NAPLES, FL 34113

10. E-mail Address: Walter.t.gorman@wtgpepc.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:  Walter T. Gorman Date 6:21:10  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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