

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000041219

1. Corporation Name
FORTUNEGATE CORP.

FILED
95 DEC 19 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
9600 S.W. 8TH ST. 9600 S.W. 8TH ST.
SUITE 18 SUITE 18
MIAMI FL 33174 MIAMI FL 33174

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | | | |
|--|---------|--|---------|--|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida 05/25/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 65-0583777 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| PD | MIRABAL, JOSE M | 6745 S.W. 4 ST. | MIAMI FL 33144 |
| VSD | MIRABAL, JULIO | 16034 S.W. 83 TERRACE | MIAMI FL 33183 |
| TAD | HERNANDEZ, JUAN C | 11281 N.W. 6 TERRACE | MIAMI FL 33172 |
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|---|--|---|--|
| 8. Name and Address of Current Registered Agent MIRABAL, JOSE M 9600 S.W. 8TH ST. SUITE 18 MIAMI FL 33174 | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200002034962--5 Suite, Apt. #, Etc. -12720796--01054--015 ****375.00 ****375.00 City State FL Zip Code | |
|---|--|---|--|

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent **SIGNATURE REQUIRED** Date 11-29-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the recipient of the fee 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 REQUIRED** Date 11-29-96
PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2000 (7/96)