

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 12 AM 11:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P95000052703

1. Corporation Name

Florida Goldengate, Inc.

2. Principal Office Address

3495 SW 9th Avenue

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL 33315

Zip

33315

Country

USA

3. Mailing Office Address

3495 SW 9th Avenue

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33315

Country

USA

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

July 7, 1995

5. FEI Number

650592563

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

Blanca Garcia

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

3495 S.W. 9th Avenue

Suite, Apt. #, Etc.

City

Ft. Lauderdale, FL

State

FL

Zip Code

33315

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**

Blanca G. Garcia

Blanca Garcia

Date 4/3/01

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
D PO	Andres Finol	3495 S.W. 9th Avenue	Ft. Lauderdale, FL 33315
VP S	Blanca Garcia	3495 S.W. 9th Avenue	Ft. Lauderdale, FL 33315
Asst Secty	Jennifer Shaw	1401 University Dr. #301	Coral Springs, FL 33071

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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01

Date

954-755-9880

Daytime Phone #

CR2E081 (9/00)