

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 DEC 13 AM 10:29

**DOCUMENT # P97000015374**

**1. Corporation Name**

Gateway Business Centre Management, Inc.

**2. Principal Office Address**

3093 46th Avenue North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33714

Country

USA

**3. Mailing Office Address**

3093 46th Avenue North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33714

Country

USA

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

02/18/1997

**5. FEI Number**

650750759

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

Jerome Fleeman

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

33 East Dilido Drive

Suite, Apt. #, Etc.

City

Miami Beach

State  
**FL**

Zip Code

33139

**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

*Jerome Fleeman*  
REGISTERED AGENT MUST SIGN

Date *12/12/02*

**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	Jerome Fleeman	33 East Dilido Drive	Miami Beach, FL 33139
D	Gregory D. Fleeman	1220 Vista Trail Northeast	Atlanta, GA 30324
D	Jeffrey G. Fleeman	1206 Oxford Street	Berkley, CA 94709

**REINSTATEMENT** *2002*

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12/13/02--01001--016 \*\*758.75

**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:**

*Jerome Fleeman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome Fleeman, Director

Date

*12/12/02* 727-525-1474

Daytime Phone #

CR2E081 (9/01)