CAPITAL CONNECTION 850 222 1222 10/27 99 14:03 NO.301 02/03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 28 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000052864

1. Corporation Name
Eastgate, Inc.

Principal Place of Business	Mailing Address
5090 Sanctuary Way Suite C West Palm Beach, FL 33417	

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

REINSTATEMENT 99 SP

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3414 Heather Ter.	3414 Heather Ter.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lauderhill, FL	City & State: Lauderhill, FL
Zip: 33319 Country	Zip: 33319 Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/13/97

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

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
P/D	Steve Weil	3414 Heather Ter.	Lauderhill, FL 33319

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*****750.75 *****750.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Hoang Nguyen 5090-C Sanctuary Way West Palm Beach, FL 33417	Name: Mark Grieco Esq. Street Address (P.O. Box Number is Not Acceptable): 3109 45th St. Suite, Apt. #, Etc.: Suite 100 City: West Palm Beach State: FL Zip Code: 33407

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: Mark Grieco
REGISTERED AGENT MUST SIGN
Date: 10/27/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Steve Weil Pres. Oct 27, 1999 (954) 484 4510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
STEVE WEIL