

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000063144

1. Corporation Name

GATEWAY CAPITAL GROUP, INC.

2. Principal Office Address - No P.O. Box #

6101 BLUE LAGOON DR

3. Mailing Office Address

6101 BLUE LAGOON DR

Suite, Apt. #, etc.

SUITE: 420

Suite, Apt. #, etc.

PH 1

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33126

Country

USA

Zip

33126

Country

USA

7. Name and Address of Current Registered Agent

Name
ELA SANCHEZ

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

6101 BLUE LAGOON DR

Suite, Apt. #, Etc.

SUITE: 420

City
MIAMI

State
FL

Zip Code
33126

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

REGISTERED AGENT MUST SIGN

Date **07-23-07**

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
PD	ELA SANCHEZ	6101 BLUE LAGOON DR STE: 420	MIAMI FL 33126
VP	PETER M. BURGESS	6101 BLUE LAGOON DR STE: 420	MIAMI FL 33126

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 contained in Chapter 119, 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

07-23-07

Date

Daytime Phone #

FILCL

2007 JUL 24 PM 12:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

CR2E081 (1/07)

05-07

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/1998

5. FEI Number

65-0849596

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.