PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 APR

FILED
99 OCT 22 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000068709

1. Corporation Name

HS GATEWAY HOLDINGS, INC.

Principal Place of Business	Mailing Address
200 N.E. 2ND. DR. HOMESTEAD FL 33030	200 N.E. 2ND. DR. HOMESTEAD FL 33030

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/06/1998

5. FEI Number: 65-0888699 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHIVER, STEVE	1400 EGRET RD.	HOMESTEAD FL 33035
D	HOUSTON, ROBERT	26755 S.W. 202ND AVE.	HOMESTEAD FL 33031
S	Shiver, Sheri	1400 EgretRd.	Homestead, FL 33031
			500003032495--3 -11/02/99--01070--020 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

LOSNER, STEVEN D
65 N.W. 16TH SREET
HOMESTEAD FL 33030

9. Name and Address of New Registered Agent

Name: Sheri Shiver
Street Address (P.O. Box Number is Not Acceptable): 200 NE 2nd Dr.
Suite, Apt. #, Etc.:
City: Homestead | State: FL | Zip Code: 33030

CR2E040 (6/99)

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 _____ Date 10-18-99

REGISTERED AGENT MUST SIGN

11. 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.

KE

SIGNATURE: _____ 10-18-99 305-247-8898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Steve Shiver - Director

0004075 AP

200 NE 2nd Drive
Homestead, FL 33030

2

H S Gateway Holdings, Inc.

October 19, 1999

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Last week I received your Notice of Administrative Dissolution or Revocation. We did not receive the Annual report package earlier this year or the late notice you normally mail in May or June. In addition this is a new corporation and the 1999 report was the first filing required by your department. Because we didn't received the notices referenced above we thought our Attorney had filed all of the required reports.

I called your office on Monday, October 18, 1999 and was instructed to mail the attached report along with our check for the original $150 fee.

We respectfully request that you accept the attached application for reinstatement, along with our assurance that all future reports will be filed in a timely manner.

Thank you in advance for your consideration.

Sincerely,

Sheri Shiver
Secretary, HS Gateway Holdings, Inc.

(305) 247-8898