

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 11:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P98000107714**

1. Corporation Name

GATEWAY OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

5401 NW 102ND AVENUE
SUITE 127
SUNRISE FL 33351

5401 NW 102ND AVENUE
SUITE 127
SUNRISE FL 33351

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

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

01/01/1999

5. FEI Number

65-0888801

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FEDER, MATTHEW	10887 N.W 4 DRIVE	POMPANO BEACH FL 33071
SVP	FEDER, DEBBIE	10887 N.W 4 DRIVE	POMPANO BEACH FL 33071
VP	COSTON, RICHARD	4920 S.W. 11TH STREET	PLANTATION FL 33317
VP	LECLERC, PAUL	6361 SIMMS ST.	HOLLYWOOD FL 33024
			100024517541 11/07/03--01079--017 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DECKER, DEBBIE
10887 N.W 4 DRIVE
POMPANO BEACH FL 33071

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Debbie Decker

REGISTERED AGENT MUST SIGN

Date

11/3/03

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.

SIGNATURE:

Matthew P. Feder

MATTHEW P. FEDER, PRESIDENT

11/3/03 (954)572-4450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)