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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

05 NOV 17 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000083725

1. Corporation Name
SPIDERGATE MEDIA GROUP, INC.

REINSTATEMENT 0405

2. Principal Office Address 12910 SW 89th Ct.		3. Mailing Office Address 12910 SW 89th Ct.	
Suite, Apt. #, etc. # 202		Suite, Apt. #, etc. # 202	
City & State Miami, FL		City & State Miami, FL	
Zip 33176	Country USA	Zip 33176	Country USA

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida **09/22/1999**

5. FEI Number 650964047	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Carey N. Feick
Street Address (P.O. Box Number is Not Acceptable) 12910 SW 89th Ct.
Suite, Apt. #, Etc. # 202
City Miami
State FL
Zip Code 33176

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0803, F.S.

Signature of Registered Agent Carey N. Feick Sec. Date 11/14/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Patrick Macdougall	9195 SW 125th Terrace	Miami, FL 33176
S	Carey N. Feick	6153 SW 152 Street	Miami, FL 33157
O	Gaston Legorburu	16001 SW 77th Ct.	Miami, FL 33157
O	Carter N. Norris	11745 SW 70 Avenue	Miami, FL 33156

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: Carey N. Feick Pres. Date 11/14/05 305-253-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carey N. Feick President Date _____ Dying Phone # _____

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

CORPORATION REINSTATEMENT

SPIDERGATE MEDIA GROUP, INC.

Certificate of Status	0
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