

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 14 AM 8:00

DOCUMENT # S47987

1. Corporation Name

WESTGATE EQUITY CAPITAL CORPORATION

2. Principal Office Address

1717 20<sup>th</sup> ST.

Suite, Apt. #, etc.

SUITE 105

City & State

VERO BEACH, FL.

Zip

32960

Country

USA

3. Mailing Office Address

1717 20<sup>th</sup> ST.

Suite, Apt. #, etc.

SUITE 105

City & State

VERO BEACH  
FLORIDA

Zip

32960

Country

USA

**REINSTATEMENT**

03

4. Date Incorporated or Qualified To Do Business in Florida

4/25/1991

5. FEI Number

65-0287655

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KURT L. WALLACE

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

5210 ST. ANDREWS ISLAND DR.

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32967

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

11/11/03

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
<u>ST</u>	<u>MARILYN G. WALLACE</u>	<u>5210 ST ANDREWS ISLAND DRIVE</u>	<u>VERO BEACH, FL. 32967</u>

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:

Marilyn G. Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/03

Date

(H) 772-299-5180

(O) 772-567-8800

Daytime Phone #

CR2ED81 (10/02)