


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **APPROVED**

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		AND FILED 97 FEB -6 AM 11:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # V69553 Corporation Name GATEWAY SHELL, INC		REINSTATEMENT 96			
Principal Place of Business 10 S.E. 1st Ave. Florida City, Florida 33034					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 10/08/92 5. FEI Number 65-0363129 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4
P/S		Michael Moore		10 S.E. 1st Ave	Florida City, FL 33034
V/S		Janet Moore		10 S.E. 1st Ave	Florida City, FL 33034
900002080829--2 -02/06/97--01132--002 ****375.00 ****375.00 <i>AP 2/6/97</i>					
8. Name and Address of Current Registered Agent Michael K fish C.P.A. 7700 N. Kendall DR Suite 505 Miami, FL 33156			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL		
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 <i>Michael K fish</i> REGISTERED AGENT MUST SIGN		Date 12/2/95			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Janet Moore</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		JANE MOORE V.P. 12/10/96 305/247-9972 Date Daytime Phone #			

CR2E040 (12/95)