

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 25 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000057438

1. Corporation Name

STREAMLINE SALES, INC.

2. Principal Office Address

8332 NW 201 TERR.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33015

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

300008967353  
11/13/02--01057--021 \*\*758.75  
REINSTATEMENT 02

4. Date Incorporated or Qualified  
To Do Business in Florida

6/14/2000

5. FEI Number

65-1016648

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

JACQUELINE GARCIA

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

8332 NW 201 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33015

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

*Jaqueline Garcia*  
REGISTERED AGENT MUST SIGN

Date 11-19-02

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
P/S/T	JACQUELINE GARCIA	8332 NW 201 TERR MIAMI, FL 33015	MIAMI, FL 33015

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:

*Jaqueline Garcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/02 (305) 753-8162  
Date Daytime Phone #

CR2E081 (9/99)