FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 18 PM 12:53

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

97-00

DOCUMENT # F95000003611 (9)

1. Corporation Name

Gulfstream TLC, Inc.

**REINSTATEMENT**

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 2401 PGA Boulevard | 2401 PGA Boulevard |
| Suite, Apt. #, etc. 260 | Suite, Apt. #, etc. 260 |
| City & State Palm Beach Gardens | City & State Palm Beach Gardens |
| Zip 33410 Country USA | Zip 33410 Country USA |

4. Date Incorporated or Qualified To Do Business in Florida 7-25-95

5. FEI Number 65-0588262 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: Joseph Hartman

Street Address (P.O. Box Number is Not Acceptable): 2401 PGA Boulevard

Suite, Apt. #, Etc.: 260

City: Palm Beach Gardens State: FL Zip Code: 33410

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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: Joseph Hartman
REGISTERED AGENT MUST SIGN

Date: 12-11-00

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 D | John T. Corcia | 367 Eagle Drive | Jupiter, FL 33477 |
| CFO S,T,D | Joseph Hartman | 6606 Wood Lake Road | Jupiter, FL 33458 |
| | | | |
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| | | | |
| | | | AD |

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: Joseph Hartman Joseph Hartman 12-11-00 (561) 627-7458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLOID - 10/5/00 CT System Online