

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAY 19 AM 10:40

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # LD1000002356
 1. Limited Liability Company's Name
GULFSTREAM HOLDINGS, LLC

2. Principal Office Address 2900 OKEECHOBEE BLVD		3. Mailing Office Address 2900 OKEECHOBEE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WEST PALM BEACH		City & State WEST PALM BEACH	
Zip 33409	Country USA	Zip 33409	Country USA

CR2E041 (8/05)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida - **07/24/2001**

6. FEI Number **65-1074770**

Applied For	
Not Applicable	

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Tim Satran

Street Address (P.O. Box Number is Not Acceptable)
2900 Okeechobee Blvd.

Suite, Apt. #: Etc.

City West Palm Beach State **FL** Zip Code **33409**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] Date 5-10-06
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	TIMOTHY F. SATRAN	2900 OKEECHOBEE BLVD	WEST PALM BEACH, FL 33409
MGR	HOLLY SATRAN	2900 OKEECHOBEE BLVD	WEST PALM BEACH, FL 33409
			400076019214 05/09/06--01042--009 **350.00
REINSTATEMENT 02-06			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager [Signature] Date 5-10-06 Daytime Phone # 414-467-1722

Typed or printed name of signing Managing Member/Manager _____