

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000033207

1. Corporation Name

THE GULFSTREAM TAX GROUP, INC.

Principal Place of Business

Mailing Address

2741 FALLING TREE CIRCLE  
ORLANDO FL 32837

2741 FALLING TREE CIRCLE  
ORLANDO FL 32837

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1573 West Fairbanks Ave.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Winter Park, FL

City & State

Zip

Country

Zip

Country

32789

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

03/29/2000

5. FEI Number

59-3637947

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SATTIZAHM, STEVEN W	2741 FALLING TREE CIRCLE	ORLANDO FL 32837
D	KNOTT, DAVID M	2741 FALLING TREE CIRCLE	ORLANDO FL 32837
			000011906510 03/24/03--01090--019 **150.00
			000011906510 02/06/03--01044--001 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORSE, KENNETH D  
390 N. ORANGE AVE., SUITE 2100  
ORLANDO FL 32801

Name

MARIA LUISA SATTIZAHM

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

215 QUAYSIDE CIRCLE

Suite, Apt. #, Etc.

City

MAITLAND

State

FL

Zip Code

32751

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

2/1/2003

11. 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

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/2003

4076164531