

192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD1000031411

1. Corporation Name

Gulfstream Capital Partners, Inc.

2. Principal Office Address

1040 CORAL WAY

Suite, Apt. #, etc.

→ Pls Note, updated address

City & State

SINGER ISLAND, FL

Zip

33404

Country

USA

3. Mailing Office Address

(SAME) 1040 CORAL WAY

Suite, Apt. #, etc.

City & State

SINGER ISLAND, FL

Zip

33404

Country

USA

REINSTATEMENT

03

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/23/2001

5. FEI Number

651093809

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

MRS

7. Name and Address of Current Registered Agent

Name

JOHN B. GUY

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

1040 CORAL WAY

Suite, Apt. #, Etc.

City

SINGER ISLAND

100025869481
12/31/03--01010--024 **151.00

State

FL

Zip Code

33404

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

REGISTERED AGENT MUST SIGN

Date 12/24/03

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
D	John B. Guy	1040 CORAL WAY	SINGER ISLAND, FL 33404

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/03

Date

561-672-3050

Daytime Phone #

CR2001 (10/02)

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Gulfstream Capital Partners, Inc.

**John B. Guy
1040 Coral Way
Singer Island, FL 33404
561-632-3050**

December 24, 2003

VIA OVERNIGHT MAIL

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Gulfstream Capital Partners, Inc. – Document Number P01000031411; FEI
Number 651093809

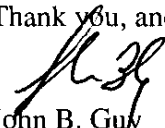
To Whom It May Concern:

Please reinstate Gulfstream Capital Partners, Inc. My address changed, and my accountant inadvertently did not file a change of address with the Department of State. Therefore, I did not receive notice that the 2003 Annual Report was due for filing.

In addition, please change the address of this corporation to the new address listed above.

I respectfully request that the \$600.00 reinstatement fee be waived due to this mailing error. Enclosed is a check for \$150.00 for the 2003 Annual Report fee. I will pay the 2004 fee upon receipt of request and filing of Gulfstream's 2004 Annual Report.

Thank you, and Happy Holidays!


John B. Guy
President
Gulfstream Capital Partners, Inc.