

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # P01000117743

1. Corporation Name

GULFSTREAM LANDS AND LAKES, INC.

Principal Place of Business

499 NW 70TH AVE STE 119
PLANTATION FL 33317

Mailing Address

499 NW 70TH AVE STE 119
PLANTATION FL 33317

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

2. New Principal Office Address, If Applicable

9031 LAKE PARK
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

9031 LAKE PARK
Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

Zip

33320

Country

USA

Zip

33320

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/2001

5. FEI Number

☒ 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

PSD

WISAN, JUDY

499 NW 70TH AVE STE 119

9031 LAKE PARK

PLANTATION FL 33317

DAVIE FL 33320

8. Name and Address of Current Registered Agent

FELDEHEIM, DAVID ESQ

499 NW 70TH AVE STE 119
PLANTATION FL 33317

9. Name and Address of New Registered Agent

Name

JUDY WISAN

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

9031 LAKE PARK

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33320

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 10/22/02

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 #

FILED

02 NOV -4 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0000000758880
11/04/02--01004--016 **158.75

CR2040 (8/02)

9031 Lake Park Circle North
Davie, FL 33328

Cell: (954) 394-4061
FAX: (954) 236-4761

TED NADEL
State Certified General Contractor
CGC 013684 & INSURED

October 24, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL

Re: Gulfstream Lands & Lakes, Inc.

To Whom It May Concern:

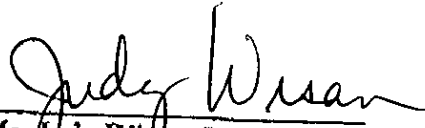
Please be advised that this is a new corporation. We did not receive the 1st Annual Report
The enclosed report was just given to us yesterday.

This report has been duly filled out and signed by me. We are enclosing \$150.00 as well as
\$8.75 for a total of \$158.75 for a current certificate of Status

I would appreciate it if you would please waive the reinstatement fee.

Yours truly,

Gulfstream Lands & Lakes, Inc.


Ms. Judy Wisan, President