

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000025580

1. Corporation Name

INTERNATIONAL GULF STREAM, INC.

2. Principal Office Address

9858 GLADES ROAD

Suite, Apt. #, etc.

147

City & State

BOCA RATON, FLORIDA

Zip

33434

Country

W.P.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/2002

5. FEI Number

01-0624521

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04
MRS

04 MAR 23 AM 8:00

7. Name and Address of Current Registered Agent

Name

MARIO J FASCE, SR.

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

9858 GLADES ROAD

Suite, Apt. #, Etc.

147

City

BOCA RATON

State

FL

Zip Code

33434

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 03/15/2004

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	MARIO J FASCE, SR.	9858 GLADES ROAD	BOCA RATON FLORIDA, 33434
VP	NORA FASCE	9858 GLADES ROAD	BOCA RATON FLORIDA, 33434

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

Date

Daytime Phone #

MARIO J FASCE, SR. 03/15/2004 (561) 483-228

CR2E081 (10/02)



INTERNATIONAL GULF STREAM, INC

9858 GLADES ROAD, # 147
BOCA RATON, FLORIDA 33434
USA

282

March 15, 2004.

FLORIDA DEPARTMENT OF STATE
CORPORATION REINSTATEMENT
DIVISION OF CORPORATION
P.O. BOX 6327- TALLAHASSEE
FLORIDA 32314

ATTE: Ruby Dunlap- Document Specialist

Ref. Number: P02000025580

By here we want to inform you that we never have receipt the original/second notice of uniform business report (UBR) -2003.

We enclose the complete corporation reinstatement form and the check for the amount of \$ 158.75, along with the copy of your letter dated March 9, 2004.

Thank you for assisting us in this matter and keeping working in the great State of Florida.

Sincerely,


Mario J Fasce
President

Tel (561) 483- 5228

Fax (561) 483- 1472

e-mail: gstream@adelphia.net