

PLEASE READ ALL INSTRUCTIONS BEFORE COMF

APPROVED
AND
FILED

05 MAY 11 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000106195

1. Corporation Name

Streamline Builders Inc

2. Principal Office Address

11701 NW 26th Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Zip
33323

Country

U.S

Zip

Country

REINSTATEMENT

04-05

MRS

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

5. FEI Number

75-3131566

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Wayne A. Gould

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

6749 Petunia Drive

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33023

300055196213

05/24/05--01067--004 **750.00

300055196213

05/24/05--01067--005 **150.00

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

Wayne A. Gould

REGISTERED AGENT MUST SIGN

Date

4/30/05

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
Pres.	Joel S Myers	11701 NW 26th Street	Plantation, FL 33323

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:

Joel S Myers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05

Date

Daytime Phone #

CR2E081 (01/05)