PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 17 AM 8: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000023621

1. Corporation Name

Gulfstream Camera, Inc.

REINSTATEMENT 98-02

2. Principal Office Address
2202 E Oakland Park Blvd.

Suite, Apt. #, etc.

City & State
Ft. Laud., FL

Zip 33306 | Country USA

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida   3|23|95

5. FEI Number   65-0573803 | 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   Stephen W. Gilbertson, C.P.A., P.A.

Street Address (P.O. Box Number is Not Acceptable)
2200 NE 26 Street

Suite, Apt. #, Etc.

City   Wilton Manors | State **FL** | Zip Code 33305

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***1350.00   ***1350.00

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   X _____
REGISTERED AGENT MUST SIGN

Date   8/31/02

CR2E081 (9/99)

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
PTD	Morris, Sheila A	2200 NW 4th Ave	Wilton Manors, FL 33311
SVD	Morris, Robert E	2200 NW 4 Ave	Wilton Manors, FL 33311

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: _____ SHEILA MORRIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 564 8566
Date / Daytime Phone #