

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -9 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000023621

1. Corporation Name

Gulfstream Camera, Inc

REINSTATEMENT 04-09

2. Principal Office Address - No P.O. Box #
2200 NW 4 Avenue

3. Mailing Office Address
2200 NW 4 Avenue

CR2E081 (12/08)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wilton Manors, FL

City & State

Wilton Manors, FL

Zip

33311

Country

USA

Zip

33311

Country

USA

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, CPA

Street Address (P.O. Box Number is Not Acceptable)
2740 E Oakland Park Blvd

Suite, Apt. #, Etc.
206

City
Fort Lauderdale

State
FL

Zip Code
33306

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 4/3/09

REGISTERED AGENT MUST SIGN

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
PSTD	Robert E. Morris	PO Box 24372	Oakland Park, FL 33307

100149333021
04/03/09--01041--019 **300.00

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 contained in Chapter 119, 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

04/03/09
Date

954-564-8566
Daytime Phone #

CC 4/10