


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P97000091888**

1. Entity Name  
**GULFSTREAM CAPITAL RESOURCES, INC.**



**FILED**  
05 SEP 21 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**3114 COMMERCE PARKWAY  
MIRAMAR, FL 33025**

Mailing Address  
**3114 COMMERCE PARKWAY  
MIRAMAR, FL 33025**



09202005 REIN-P CR2E098 (6/04)

2. Principal Place of Business  
**1395 Brickell Ave,  
Suite Apt. #, etc.  
Suite 630**

3. Mailing Address  
**3400 S.W. 27th Ave.  
Suite Apt. #, etc.  
Apt. 805**

City & State  
**Miami, Florida**

City & State  
**Coconut Grove FL**

Zip  
**33131**

Country  
**U.S.A**

Zip  
**33133**

Country  
**U.S.A**

4. FEI Number  
**65-0789915**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ESHESIMUA, GODWIN W  
1551 LA COSTA DRIVE EAST  
PEMBROKE PINES, FL 33027**

7. Name and Address of New Registered Agent

Name **ESHESIMUA, GODWIN W.**

Street Address (P.O. Box Number is Not Acceptable)  
**3400 S.W. 27th Ave Apt 805**

City **Coconut Grove** FL Zip Code **33133**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: **9/20/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ESHESIMUA, GODWIN W 3114 COMMERCE PARKWAY MIRAMAR, FL 33025</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C ESHESIMUA, CHARLES O 1551 LA COSTA DR B PEMBROKE PINES, FL 33027</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ESHESIMUA, EDWIN O 1551 LA COSTA DR E PEMBROKE PINES, FL 33027</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ESHESIMUA, GODWIN W. 3400 S.W. 27th Ave, Suite 805, Coconut Gro FL 33133</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. ESHESIMUA, Godwin W. 2400 S.W. 27th Ave Apt 805 Coconut Grove FL 33133</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400059871574 09/22/05--01041--009 **158.75</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T. Roberts SEP 21 2005</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **9/20/05** DAYTIME PHONE #: **305-586-1692**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR