


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 JAN 28 AM 10:53

<b>DOCUMENT # P97000091888</b>	
1. Entity Name <b>GULFSTREAM CAPITAL RESOURCES, INC.</b>	

Principal Place of Business <b>1395 BRICKELL AVE STE 630 MIAMI, FL 33131</b>	Mailing Address <b>3400 S W 27TH AVE APT 805 COCONUT GROVE, FL 33133</b>
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2. Principal Place of Business - No P.O. Box # <b>3400 S.W. 27th Ave.</b>	3. Mailing Address <b>3400 S.W. 27th Ave.</b>
Suite, Apt. #, etc. <b>1605</b>	Suite, Apt. #, etc. <b>1605</b>
City & State <b>Coconut Grove</b>	City & State <b>Coconut Grove</b>
Zip <b>33133</b>	Country <b>U.S.A.</b>



01232008 REIN-P CR2E098 (1/07)

4. FEI Number <b>65-0789915</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>ESHESIMUA, GODWIN W 3400 S W 27TH AVE APT 805 COCONUT GROVE, FL 33133</b>
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7. Name and Address of New Registered Agent Name <b>ESHESIMUA, GODWIN W.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3400 S.W. 27th Ave, APT. 1605</b> City <b>COCONUT GROVE FL</b> Zip Code <b>33133</b>
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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 	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO SAKAIKE, DIONNE 1395 BRICKELL AVE MIAMI, FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPO ESHESIMUA, GODWIN W 3400 SW 27TH AVE, APT 1605 COCONUT GROVE, FL 33133</b> <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
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>PCEO SAKAIKE, DIONNE 14266 S.W. 117 Terrance MIAMI, FL, 33186</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200118073832 02/14/08--01046--013 **308.75</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	<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 exemptions contained in Chapter 119, 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: 	Date: <b>Jan/23/08</b>	Daytime Phone #
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