


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000005831	
1. Entity Name AMERIDREAM REDEVELOPMENT, INC.	


Principal Place of Business 200 PROFESSIONAL DRIVE SUITE 400 GAITHERSBURG, MD 20879	Mailing Address 200 PROFESSIONAL DRIVE SUITE 400 GAITHERSBURG, MD 20879
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

2007 OCT 24 AM 9:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA



10192007 REIN-NP CR2E099 (1/07)

4. FEI Number 52-2145694	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAND, GREG S C/O LEVIN TANNANBAUM 1680 FRUITVILLE ROAD SARASOTA, FL 34236	7. Name and Address of New Registered Agent Name <u>Jerome Levin, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>c/o Levin Tannenbaum</u> <u>1680 Fruitville Road - Century Bank Bldg</u> City <u>Sarasota</u> FL Zip Code <u>34236</u>
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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 Joe S. Levin DATE 10-19-07

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

FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASHBURN, ANN 11658 WOODLEA WAYNESBORO, PA 17268 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400111300994 10/24/07--01050--004 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NEWMAN, ROBERT 3735 17TH PLACE, N.E. WASHINGTON, DC 20018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKER-PEREZ, CAROL 4007 WINDWARD DRIVE MOUNT AIRY, MD 21771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>07</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STILES, MARK 700 KING FARM BLVD., SUITE 125 ROCKVILLE, MD 20850 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMODY, THOMAS H 8 SUMMIT AVENUE HULL, MA 02045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Carmody, Thomas H. 8 Summit Avenue Hull, MA 02045 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, KAYE 1050 CONNECTICUT AVE., N.W., STE. 1100 WASHINGTON, DC 20036 <input type="checkbox"/> Delete	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 617, 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: Carol Willis DATE 10/19/2007 DAYTIME PHONE # 3019815163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



LEVIN TANNENBAUM

Our partnership starts with you

JEROME S. LEVIN *
SALVATORE G. SCRO
ALAN E. TANNENBAUM **

IVO J. TRAVNICEK
NORMAN B. WAARA

* Board Certified in Real Estate
** Board Certified in Construction Law

October 22, 2007

Via: Certified / Return Receipt

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Ameridream Redevelopment, Inc.
Reinstatement

Dear Sir:

Enclosed is check No. 59333 in the amount of \$236.25 to cover the filing fee for reinstatement of the above referenced corporation. I have also enclosed a fully executed reinstatement form fully executed.

Should you have any questions or require additional information, please do not hesitate to contact our office.

Sincerely,

Jeanette Bowdell

Paralegal

JBowdell@LevinTannenbaum.com

Direct Phone Line (941) 308-3154

Department Fax # (941) 308-0171

JB/