

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

2001 UBR

FILED

01 OCT -2 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P98000082421*

1. Corporation Name

DREAMSCREENS, INC

900004641869--6
-10/18/01--01060--002
****150.00 ****150.00

2. Principal Office Address

2033 PRINCETON ST.

3. Mailing Office Address

2033 PRINCETON ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34237

Country

USA

Zip

34237

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/1999

5. FEI Number

65-090311

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Add'l. fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

DONALD A. DESROCHERS

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

1809 BUCCANEER TER

Suite, Apt. #, Etc.

City

SARASOTA, FL

State

FL

Zip Code

34231

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

Donald A. Desrochers

Date *10-1-01*

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	DONALD A. DESROCHERS	1809 BUCCANEER TER	SARASOTA, FL 34231
PRES	DOUGLAS F. DESROCHERS	125 SHADY PKWY	SARASOTA, FL 34232
Secy	MARY ANN DESROCHERS	1809 BUCCANEER TER	SARASOTA, FL 34231

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.

941-953-4529

SIGNATURE:

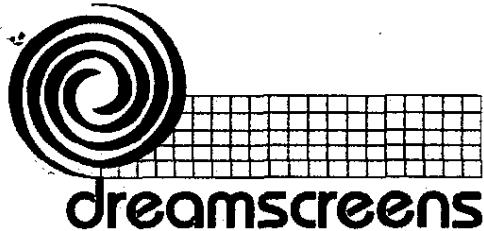
Mary Ann Desrochers

MARY ANN DESROCHERS 10-1-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



20f2

Florida Dept of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

October 1, 2001

Dear Sir:

Attached please find our check for reinstatement for our corporation which lapsed in the spring of this year. Being a new business person sometime things get away from me, however, I did not receive notification of renewal. I would be very grateful if you would wave the late fee for us, as we had no idea it had lapsed until the bank that is giving us a line of credit called and told me we were inactive.

I appreciate your prompt attention to this request.

Sincerely yours,

A handwritten signature in cursive script that reads "Mary Ann Desrochers".

Mary Ann Desrochers,
Secy.

Enc. 2

The Retractable Screen Door

2033 Princeton St. • Sarasota, FL 34237 • (941) 953-4529 • Fax (941) 953-2454

Email info@dreamscreens.com • <http://www.dreamscreens.com>