PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

correction below.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

**DIVISION OF CORPORATIONS** 

FILED 02 JAN 22 PM 2: 12

DOCUMENT #	243083
JOCUMEN 1 #	243005

.. Corporation Name

CALDEN DREAMS.

rincipal Place of Business	Mailing Address
:5 Washington Ave.	clo Research MGUT. CORP 65 Washington Ave #7
Miami Beach, Fl. 33139	65 Washington Ave #7 Miani, Fl. 33139
If above addresses are incorrect in any way, line	through incorrect information and enter correction
New Principal Office Address, if Applicable	3. New Mailing Office Address, If Applicable 1235 Alfon Rd
Sung, Apr. #, etc.	Suite, Apt. #, otc.

<ol> <li>Date Incorporated or Qualified To Do Business in Florida /2/22/1960</li> </ol>	122/1960	Date Incorporated or Qualified To Do Business in Florida

5. FEI Number Applied For

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_33/	39	<u></u>	1137	CENTIF	DATE OF STATES DESIRE	for a Certificate of Status
Names	and Street Addresses	of Each Officer and/or Director	(Florida nonprofit	corporations must list at least 3 directors	5)	
Title(3)		lame of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
PD	Silvio De	e Las Matas	65 WAS	hington Ave. #23	Miani Ben	d. Fl. 33139
17)	Christine	e Hillstrom	65 WAS	tington Ave. #7	Miami B	Peach, FT. 33139
SD	Danielle	Atanasova	65 W4	shington Ave. #5		och, Fl. 33139
70	David 1	Hertzig	65 W	stington Ave. #10	Miumi Be	each, F1. 33139
					-01/25	<del>7986363</del> /0201076012 00.00 ****300.00
	8 Name and A	daress of Current Registered	Agent :	9 Name 2	nd Address of New Rea	istarud Agent

Research Management Corporation 104 Crandon Blvd. Ste # 409 Key Biscayne, Fl. 33149

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Date

11. 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.

Daytime Phone #

## GOLDEN DREAMS, INC. 1235 ALTON ROAD SUITE B MIAMI BEACH, FLORIDA 33139

January 17, 2002

Florida Department of State Division of Corporations PO-Box-6327 Tallahassee, Fl. 32314

**Attn: Reinstatement Section** 

Re: Document # 243083

Dear Sir or Madam:

In reference to a telephone conversation with one of your representatives, we are enclosing our application for reinstatement along with the necessary filing fees for a profit corporation. As we stated in the phone conversation, we moved our offices and thus never received our 2001 and 2002 Uniform Business Reports.

We ask that you please pardon the late fee since this problem was due to circumstances beyond our control. If there is any problem processing this report please contact us immediately.

Sincerely,

Silvole las Vells Silvio De Las Matas

President