

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 25 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600022357316
08/15/03--01061--003 **1058.75

REINSTATEMENT

01-03

DOCUMENT # F00000006266
1. Corporation Name
DREAMS FRANCHISE CORPORATION

2. Principal Office Address 2 South University Drive Suite, Apt. #, etc. Suite 325 City & State Plantation, FL Zip 33324		Country Broward		3. Mailing Office Address 2 South University Drive Suite, Apt. #, etc. Suite 325 City & State Plantation, FL Zip 33324		Country Broward	
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4. Date Incorporated or Qualified To Do Business in Florida 11/8/2000	
5. FEI Number 330405968	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name MARK VINER	
Street Address (P.O. Box Number is Not Acceptable) 2 SOUTH UNIVERSITY DRIVE	
Suite, Apt. #, Etc. SUITE 325	
City PLANTATION	State FL
	Zip Code 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date July 24, 2003
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
PD	Ross Tannenbaum	2 South University Drive, Suite 325	Plantation, FL 33324
S	Mark Viner	2 South University Drive, Suite 325	Plantation, FL 33324
D	Dale Larson	2 South University Drive, Suite 325	Plantation, FL 33324
CD	Sam Battistone	2 South University Drive, Suite 325	Plantation, FL 33324

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.

SIGNATURE: *[Signature]* MARK VINER Date 7-24-03 Daytime Phone # (954) 377-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (10/02)