F01000001475

5.

TRANSMITTAL LETTER

TO: Registration Section	·	
Division of Corporations		
SUBJECT: DEAMS (TILLIDED)		
- SKERING OUTDER COR	RPORATION	
(Table of corporation - must include suff	îx)	Title
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Tran "Certificate of Existence", and check are submitted to register the above refe to transact business in Florida.	nsact Business in Florida", erenced foreign corporation	
Please return all correspondence concerning this matter to the following:	SE SA	
	53 -	
- Kosa DeSouza	三	
(Name of Person)	<u> </u>	
DREAMS GUIDER CORPORT		Ш
(Firm/Company)	277.07	
16205 SW 36th DRIVE		
(Address)	A PER B	an en
$m_1 p_1 q_2 q_3 q_4 q_5 q_5 q_5 q_5 q_5 q_5 q_5 q_5 q_5 q_5$		Mh
MIRAMAR, FLORIDA, 3302	7-4524	- †
(City/State and Zip code)		3/19
	700003795	8876
For further information concerning this matter, please call:	-03/02/010	1052010
	*****([]*[][]	*****70.00
(Name of Person) (Area Code & Daytime Teleph	400 (954)295-	1939
(Tou oode & Daymine Teleph	ione Number)	11023
	Wo	1 -4933
Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS Registration Section Division of Corporation Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ons	
Enclosed is a check for the following amount:		
V		
\$570.00 Filing Fee \$\sigma\$ \$78.75 Filing Fee & \$\sigma\$ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee,	-

Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 5, 2001

ROSA DESOUZA 16205 SW 36TH DRIVE MIRAMAR, FL 33027-4524

SUBJECT: DREAMSGUIDER CORPORATION

Ref. Number: W01000004933

We have received your document for DREAMSGUIDER CORPORATION and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 201A00013341

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. CORPORATION (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (State or country under the law of which it is incorporated) (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) SELL INFORMATION

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable Office Address: 16205 SW 364 DRIVE 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: and the second s Address: __ Vice Chairman: Address: __ Director: _ Address: ___ Director: . . . Address: _ B. OFFICERS President: KOSa. Address: 16205 SW 3644 MIRAMAR, FLORIDA, 33027-4524 eSouza MIRAMAR, FLORIDA, 33027-4524 36 th DRIVE, MIRAMAR, FL. 16205 SW Kosa 1) RIVE NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) ALEX DESOUZA, VICE- PRESIDENT SECRETARY 14. (Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DREAMSGUIDER CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF MARCH, A.D. 2001.

O1 MAR 15 M I 37
SECRETARY OF STATE
TAIL ANALYSITE ELORIDA



Darriet Smith Windson, Secretary of State

AUTHENTICATION: 1012118

DATE: 03-08-01

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