

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 15 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000003983

1. Corporation Name

DREAM FARM INC.

2. Principal Office Address - No P.O. Box #
c/o Nicola Del Curto, Satterlee Stephens Burke & Burke LLP

3. Mailing Office Address
c/o Nicola Del Curto, Satterlee Stephens Burke & Burke LLP

Suite, Apt. #, etc.
230 Park Avenue, 10th floor

Suite, Apt. #, etc.
230 Park Avenue, 10th floor

City & State
New York, NY

City & State
New York, NY

Zip
10169

Country
USA

Zip
10169

Country
USA

REINSTATEMENT

04-07

4. Date Incorporated or Qualified
To Do Business in Florida 08/12/2003

5. FEI Number
300182661

☐ Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State Zip Code
FL 32301-2525

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Meryl Whener

REGISTERED AGENT MUST SIGN

Date

5/14/07

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Dubois, Jean Pierre	230 Park Avenue, 10th Floor	New York, NY 10169
VTD	Del Curto, Nicola	230 Park Avenue, 10th Floor	New York, NY 10169
S	Byer, Albert A	230 Park Avenue, 10th Floor	New York, NY 10169

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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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert A. Byer Albert A. Byer

Date

5/11/07

Daytime Phone #

212-464-8767