PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT DOCUMENT # F09000	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 13 AUG-5 PH 2: 07
1 Corporation Name		SEGNETANT OF STATE TALLAHASSEE, FLORIDA
DREAMHOMERAFFLE.NET.INC		TO THE STATE OF TH
2. Principal Office Address - No P.O Box# 2533 N.carson st carson city	3. Mailing Office Address 5121 E DR ML K BLVD Tampa F1 33619 Suite, Apt #, etc.	CR2E081 (11/10)
		Date Incorporated or Qualified To Do Business in Florida
City & State	City & State	To Do Business in Florida 30 June 2010 5. FEI Number Applied For
carson city, NV	Tampa FL	26-4483722 Not Applicable
Country	33619 Hillsb,.3	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address	of Current Registered Agent	
Name Dianna Miomaga		
Dianne Thompson Street Address (P.O. Box Number is Not Acceptable)		100050440741
5121 E Dr Martin L K Blvd		100250449741 08/06/1301001002 **1208.75
		·
Tampa	FL 33619	
3 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 Roustered Agent Date		
REGISTERED AGENT MUST SIGN		
9. Nantes 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
W.D. Diaman mi		33619
V.P. Dianne Thompson 5121 E.Dr M L K B		Blvd Tampa Fl 33 69
	CTATEMEN	T 10-13 AUG 0 5'2013
		T. SCOTT
Production of a 1 flet		
10. E-mail Address: (To be used for future annual report notification)		
Legify that Lam 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

e Daytime Phone #