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2012 JUL 17 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Project Dream Repair, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Nerrissa Heil
Name of Person

Project Dream Repair, Inc.
Firm/Company

1126 Senoia Road, Suite A
Address

Tyrone, GA 30290
City/State and Zip Code

nerissa@amtcworld.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nerissa Heil at (678) 783-0500
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Project Dream Repair, Inc.
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Georgia 3. 27-2711569
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/24/2009 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1126 Senoia Road, Suite A, Tyrone GA 30290-1126
(Principal office address)
- 1126 Senoia Road, Suite A, Tyrone GA 30290-1126
(Current mailing address)

8. attached
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Ivy Moncada

Office Address: 12290 Glenn Hollow Drive
Jacksonville, Florida 32226
(City) (Zip Code)

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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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Adam She, Treasurer/ Director
(Typed or printed name and capacity of person signing application)

Project Dream Repair, Inc.

EIN: 27-0711569

Florida Application by Foreign Non for Profit Corporation for Authorization to Conduct Business

Question 8:

Project Dream Repair, Inc. was formed to teach and train talented individuals (actors, models, singers, dancers) in a Christ based atmosphere. That they might grow in their faith as well as their talent, and prepare them to enter the world of entertainment ready to share and stand up for their faith in the industry.

Question 12

Name	Title	Address
Dillard, Dr. George S.	Chairman/ Director	1126 Senoia Rd., Suite A Tyronne, GA 30290
Davies, Nise	Vice Chair/ Director	1126 Senoia Rd., Suite A Tyronne, GA 30290
Drake, Bill	Director	1126 Senoia Rd., Suite A Tyronne, GA 30290
Turner, Roy	Director	1126 Senoia Rd., Suite A Tyronne, GA 30290
Crute, Dr. Bryan	Director	1126 Senoia Rd., Suite A Tyronne, GA 30290
She, Adam	Treasurer/ Director	1126 Senoia Rd., Suite A Tyronne, GA 30290
Lewis, Carey	Director	1126 Senoia Rd., Suite A Tyronne, GA 30290

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STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

PROJECT DREAM REPAIR, INC.

Domestic Non-Profit Corporation

was formed or was authorized to transact business on 08/24/2009 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and
the State of Georgia on 6th day of March, 2012

B. P. Kemp

Brian P. Kemp
Secretary of State

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