

F97000005659

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Dreams Inc.

(Name of corporation - must include suffix)

200002331062--4

-10/28/97--01009--005

*****70.00 *****70.00

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kathy Kane

(Name of Person)

Dreams Inc.

(Firm/Company)

710 E. Airport Hwy., P.O. Box 61

(Address)

Wauseon, Ohio 43567

(City/State/Zip)

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Should you need to call someone concerning this matter, please call:

Kathy Kane

(Name of Person)

at (419) 335-4511

(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Kathy Kane, do hereby certify
(Name)

that this Resolution of the Board of Directors of Dreams Inc,

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Ohio

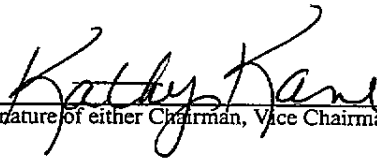
was duly adopted on October 16, 19 97

Be it resolved, that Dreams Inc.
(Corporate Name)

organized and existing in the State of Ohio, hereby adopts the name

Dreams Inc. of Ohio for use in Florida.

Dated: October 20, 1997


Signature of either Chairman, Vice Chairman or any officer

kathy Kane

Type or print name

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**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.*

1. Dreams Inc.
(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.)
2. Ohio, USA 3. 34-1848117
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 16, 1996 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. August 1, 1997
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. Dreams Inc,
P.O. Box 61 Wauseon, Ohio 43567
(Current mailing address)

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8. The purpose for which said Corporation is formed is to engage in any lawful act or activity for which Corporations may be formed under Sections 1701.01 to 1701.98, inclusive, of the Ohio Revised Code
(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)**

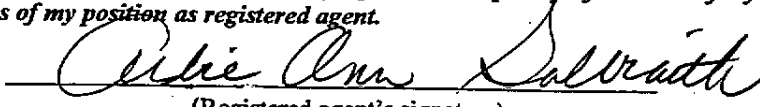
Name: Arbie Ann Galbraith

Office Address: 2449 Dover Dr.

Ft. Myers, Florida, 33931
(Zip code)

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: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Kathy Kane

Address: 710 E. Airport Hwy.

Wauseon, Ohio 43567

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Kathy Kane

Address: 710 E. Airport Hwy.

Wauseon, Ohio 43567

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. _____

Kathy Kane

(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.

}

I, Bob Taft, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations and miscellaneous filings; that said records show DREAMS INC., an Ohio corporation, Charter No. 956936, principal location in Wauseon, County of Fulton, incorporated on October 16, 1996, is currently in GOOD STANDING upon the records of this office.

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WITNESS my hand and official
seal at Columbus, Ohio this
14th day of August, A.D. 1997

Bob Taft

Bob Taft
Secretary of State