PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L59561

FILED
96 NOV 18 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L59561

1. Corporation Name

OBLIO'S DREAM, INC.
REINSTATEMENT 1996

Mailing Address	Principal Place of Business
408 Hibiscus Ave. Palm Beach, FL 33480	408 Hibiscus Ave. Palm Beach, FL 33480

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 3/19/90

5. FEI Number: 650194717

Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	RICHARD CARROLL	408 Hibiscus Ave.	Palm Beach, FL 33480
V-P; Sec.	JOHN HOLLOWAY	408 Hibiscus Ave.	Palm Beach, FL 33480

700002016607--3
-12/02/96--01007--029
****375.00 ****375.00

8. Name and Address of Current Registered Agent

OBLIO WISH
408 Hibiscus Avenue
Palm Beach, FL 33480

9. Name and Address of New Registered Agent

Name: RICHARD CARROLL
Street Address (P.O. Box Number is Not Acceptable): 408 Hibiscus Ave.
Suite, Apt. #, Etc.:
City: Palm Beach | State: FL | Zip Code: 33480

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: R Carroll — REGISTERED AGENT MUST SIGN — Date: 11/15/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional info.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 with 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 all fees owed by the corporation have been paid. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: R Carroll — 11/15/96 — 833-1041

Signature and typed or printed name of signing officer or director — Date — Daytime Phone

PS