PLEASE READ ALL INS	TRUCTIONS BEFORE CO	OMPLETING THIS FORM.
APPLICATION FLORII FOR	DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	APPROVED AND FILED
DOCUMENT # 1 9/227	95-97	1997 HAY 19 PM 3: 05
DREAM WOALD MANAGEMENT		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Malling Ad 1311 SW 15T CT. Pompano Bch. Fi.A. 33069 If above addresses are incorrect in any way, line through incorrect	t information and enter correction below.	
2 New Principal Office Address, If Applicable 3. New Mail 13 II SW 13 T CT Suite, April 4, etc. Suite, April 4, etc.	II SW IST CT	4. Date Incorporated or Qualified To Do Business in Florida
	OMDANO 13ch FLA	5. FEI Number Applied For Not Applicable
33069 BROWARD Zip 33	069 BROWARD	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Names and Street Addresses of Each Officer and/or Director (F Name of Officers	Street Address of Each	
Title(s) and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box Nu	Ve.
Pres Brenda Foster	APT 23-6-	Fit. LAUGEDALE 33334
		2000021869225 -05/21/9701093008 ***1080.00 ***1080.00
	REI	NSTATEMENT SPORT
Name and Address of Current Registered A		Name and Address of New Registered Agent
RAY FOSTER	Name BREND Street Address (P.C	A FASTER D Box Number Not Acceptable)
100 SE 13th ST Panpano Boh FL.	5263 Suite, Apt. #, Etc.	NE 6 AVE 23-G
33060	CILY LAU	DELIALS State Zip Code FL 33334
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 Registere Agent Date Tolk REGISTERED AGENT MUST SIGN		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No. (See other side for information on intangible tax.)		
12. 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 filling 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 under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall nave the same legal effect as if made under oath.		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/31/97 781-801		