

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2017 AUG 29 PM 04:07

SECRETARY OF STATE
TALLAHASSEE, FL 32309

DOCUMENT # NO1000003891

1. Corporation Name

The Dream Foundation

2. Principal Office Address - No P.O. Box #

4005 Brandon Hill Dr

Suite, Apt. #, etc

City & State

Tallahassee FL

Zip

32309

Country

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DCA (AKA Dobson, Craig & Assoc.)

Street Address (P.O. Box Number is Not Acceptable)

4005 Brandon Hill Dr

Suite, Apt. #, Etc

City

Tallahassee

State

FL

Zip Code

32309

8. 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
Registered Agent

[Signature]

Date 8/29/17

REGISTERED AGENT MUST SIGN

9. Names 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
PD	Cheryl Gonzalez	1620 Barton Rd Apt 4203	Jacksonville, FL 32207
PPD	Kimberlyn Elliott	2504 Prest Cr	Tall, FL 32301
D	Hubert Brown	1112 E. Tennessee St	Tallahassee, FL 32308
STD	Doyli Smith	Victory Garden Lane	Tall, FL 32303

10. E-mail Address: info@DobsonandCraig.com

(To be used for future annual report notification)

11. 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 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 if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817 155, F.S.

SIGNATURE:

[Signature]

8/29/17

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]