

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 20 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 179800003318

1. Corporation Name

US Dream Academy Inc.

2. Principal Office Address

10400 Little Patuxent

Suite, Apt. #, etc.

Suite 300

City & State

Columbia, MD

Zip

21044

Country

USA

3. Mailing Office Address

Pkwy

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/5/1998

5. FEI Number

59-3514841

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300009515893
12/16/02--01010--003 **61.25

7. Name and Address of Current Registered Agent

Name

Ms. T.L. Trimble

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

111 North Orlando Ave.

Suite, Apt. #, Etc.

City

Winter Park

State
FL

Zip Code
32789

300009515893
12/16/02--01010--004 **171.00

REINSTATEMENT

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

10/30/02

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
V	Diane Wallace-Booker	7329 Kerry Hill Ct.	Columbia, MD 21045
PD	Wintley Phipps	50 Southampton Ter.	Vero Beach, FL 32963
VD	Calvin Wiese	185 Springwood Trail	Altamonte Springs FL 32714
STD	Melvin H. Ming	1 Lincoln Plaza 4th Fl.	New York, NY 10023

10. 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., 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 have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-1-02

Daytime Phone #

410.772.7143

CR2E081 (9/01)