

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 11 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000605181**

1. Corporation Name

**Dream Catchers USA, Inc.**

2. Principal Office Address

**P.O. Box 451755**

Suite, Apt. #, etc.

City & State

**Sunrise, FL**

Zip

**33345-1755**

Country

**USA**

3. Mailing Office Address

**P.O. Box 451755**

Suite, Apt. #, etc.

City & State

**Sunrise, FL**

Zip

**33345-1755**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**9/4/1998**

5. FEI Number

**650867233**

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

**Wendy Thomas**

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

**862 NW 66 Ave**

Suite, Apt. #, Etc.

**#**

City

**Plantation**

State

**FL**

Zip Code

**33317**

**500008308565-9**

**-10/10/02--01061--004**

**\*\*\*\*122.50 \*\*\*\*122.50**

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

**Wendy V Thomas**

REGISTERED AGENT MUST SIGN

Date **9-6-02**

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
P/D	Ms Sharon Argov	1732 Vestal Way	Coral Springs, FL 33071
T/D	Mrs Wendy Thomas	862 NW 66 Ave	Plantation, FL 33317
C	Mrs Brenda Randell	11710 NW 39 Pl	Sunrise, FL 33373
C	Mrs Toni Santos	7450 NW 42 Ct	Lauderhill, FL 33319
VP/D	Mrs Lori Lewark-Holland	1501 SW 115 Ave	Davie, FL 33325
S/D	Ms Ann Hart	8063 Lakepoint Ct	Plantation, FL 33322

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)(b), 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:

**Wendy V Thomas** Wendy V. Thomas

**9-6-02 (954) 327-1706**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)