

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 15 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1199000002162**

1. Corporation Name

Reaching Your Dream Inc.

2. Principal Office Address

Reaching Your Dream
Suite, Apt. #, etc.

7270 Hilburn Rd #7

City & State

Pensacola, FL

Zip

32504

Country

United States

3. Mailing Office Address

Reaching Your Dream
Suite, Apt. #, etc.

P.O. Box 19014

City & State

Pensacola, FL

Zip

32523

Country

United States

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

April 5, 1999

5. FEI Number

59-3569134

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

Derrick Gainer

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

3256 Tallship Lane

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32526

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]

REGISTERED AGENT MUST SIGN

Date **2-13-01**

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
CD	Mike Finney	3550 Cortez Drive	Pensacola FL 32503
VD	Frances Yeo	46 Manor Drive	Pensacola FL 32502
SD	Patience Hughes	1515 East Texas Drive	Pensacola FL 32503
TD	Tammie Gilbert	7270 Hilburn Rd #7	Pensacola FL 32504
D	Derrick Gainer	3256 Tallship Lane	Pensacola, FL 32526

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:

Tammie Gilbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01
Date

(850) 439-3888
Daytime Phone #

CR2E081 (9/00)