

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 21 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05

DOCUMENT # N99000004842

1. Corporation Name

THE DREAMS CENTER, INC

2. Principal Office Address
10 NE JUSTICE ST

3. Mailing Office Address
217 SW DYAL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKE CITY FL

City & State
LAKE CITY FL

Zip
32055

Country
USA

Zip
32024

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 9/19/1999

5. FEI Number
59-3677735

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
THREASA HYSELL

Street Address (P.O. Box Number is Not Acceptable)
1661 SW ST JAMES COURT

Suite, Apt. #, Etc.

City
LAKE CITY

State
FL

Zip Code
32025-0620

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

Theresa HySELL
REGISTERED AGENT MUST SIGN

Date June 17, 2005

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	LONNIE RAY JOHNS, JR	518 SW SAN JUAN PLACE	LAKE CITY FL 32025
VP/D	JONATHAN MARK JOHNS	2151 SE COUNTY RD 245	LAKE CITY FL 32025
S/T/D	THREASA M HYSELL	1661 SW ST JAMES COURT	LAKE CITY FL 32025
D	BRADLEY S DICKS	PO BOX 754	LAKE CITY FL 32056-0754

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:

J. Mark Johns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. MARK JOHNS, VP/D

06/17/2005

Date

386-755-2525

Daytime Phone #

T. Roberts JUN 21 2005

CR2E081 (01/05)