

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

02 NOV -5 AM 11:07

DOCUMENT # P00000017164

1. Corporation Name

DREAM HOMES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400008834844
11/06/02--01117--004 **750.00

Principal Place of Business

~~12000 BISCAYNE BLVD., #806
MIAMI FL 33181~~

Mailing Address

12000 BISCAYNE BLVD., #806
MIAMI FL 33181



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 02

2. New Principal Office Address, If Applicable

2999 NE 191 ST.

Suite, Apt. #, etc.

SUITE 407

City & State

MIAMI FL

Zip

33080

Country

USA

3. New Mailing Office Address, If Applicable

2999 NE 191 ST.

Suite, Apt. #, etc.

SUITE 407

City & State

MIAMI FL

Zip

33180

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

02/17/2000

5. FEI Number

65-0988203

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MONSERRAT, GEORGE GEORGIA	12000 BISCAYNE BLVD #806	MIAMI FL 33181

8. Name and Address of Current Registered Agent

GARBER, HAROLD M
12000 BISCAYNE BLVD., #806
MIAMI FL 33181

9. Name and Address of New Registered Agent

Name Garber, Harold M.
Street Address (P.O. Box Number is Not Acceptable)
2999 NE 191 ST.
Suite, Apt. #, Etc.
SUITE 407
City MIAMI State FL Zip Code 33180

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

[Signature] **SIGNATURE REQUIRED**

Date 11/1/2002

REGISTERED AGENT MUST SIGN

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., 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 REQUIRED** Georgia M Monserrat 11/1/02 305-528-6028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/02)