

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000026642

1. Corporation Name

DREAM HOME DESIGNS, INC.

Principal Place of Business

Mailing Address

8314 MARKET STREET UNIVERSITY PARKWAY
BRADENTON FL 34202

8314 MARKET STREET UNIVERSITY PARKWAY
BRADENTON FL 34202



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1004400

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CONTARINO, LYNDA A	8314 MARKET STREET UNIVERSITY PA	BRADENTON FL 34202
STD	PATT, THEODORE J JR.	8314 MARKET STREET UNIVERSITY PA	BRADENTON FL 34202

500024573935
11/10/03--01112--009 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Theodore J. Patt, Jr.

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

3412 Woodland Fern Dr.

Suite, Apt. #, Etc.

4

City

Farrish

State

FL

Zip Code

34219

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

Theodore J. Patt, Jr.
REGISTERED AGENT MUST SIGN

Date

10/30/03

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:

Theodore J. Patt, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/03

Daytime Phone #

941-809-6037

CR2E040 (7/03)