

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

02 MAR 28 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000040756**

1. Corporation Name

**DREAMTECH INC.**

2. Principal Office Address

**6991 NW 82 AVENUE**

3. Mailing Office Address

Suite, Apt. #, etc.

**BAY NO. 4**

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

City & State

Zip

**33166**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/24/2000**

5. FEI Number

**65-1001953**

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

**YANN BITTON**

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

**6991 NW 82 AVENUE BAY NO. 4**

Suite, Apt. #, Etc.

**BAY NO. 4**

City

**MIAMI**

100005195691--9

04/05/02--01055--015

State

**FL**

\*\*\*\$300.00

\*\*\*\$300.00

**33166**

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

Date **3-27-02**

REGISTERED AGENT MUST SIGN

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
D/P	YANN BITTON	6991 NW 82 AVE BAY 4	MIAMI, FL 33166

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: X

**PRESIDENT**

**3-27-02**

**305-592-8272**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

**DREAMTECH, INC.  
6881 N.W. 82 AVENUE  
BAY No. 4  
MIAMI, FLORIDA 33166**

March 27, 2002

**DOC# P00000040756**

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

To whom it may concern:

As per our conversation over the telephone I am sending the Reinstatement for my Corporation. As I explained to you I never received the Annual Report last year or this year, not even after I call several times to request one. As per your instructions attached to this letter is the reinstatement form and a check for \$300.00. If you need further information regarding this matter, please do not hesitate to contact our office at your earliest convenience. Once, again thank you for all your help.

Very Truly Yours,



Yann Bitton  
President

OFFICE USE ONLY(DOCUMENT # )

**LAZARUS CORPORATE FILING SERVICE**

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. DREAMTECH INC.  
(Corporation Name)

(Document #)

2. \_\_\_\_\_  
(Corporation Name)

(Document #)

3. \_\_\_\_\_  
(Corporation Name)

(Document #)

4. \_\_\_\_\_  
(Corporation Name)

(Document #)

☒ Walk in

☒ Pick up time

2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
02 MAR 28 PM 12:07  
DIVISION OF CORPORATION

Examiner's Initials