

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN -3 PM 3:51

DOCUMENT # P00000048450

1. Corporation Name

MAXDREAM CORPORATION

2. Principal Office Address

2805 E. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

UNIT 184

City & State

FORT LAUDERDALE, FL

Zip

33306

Country  
USA

3. Mailing Office Address

2805 E. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

UNIT 184

City & State

FORT LAUDERDALE, FL

Zip

33306

Country  
USA

**REINSTATEMENT**

05

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

05/11/2000

5. FEI Number  
651009572

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

ANTONIO RONALD MELO

2805 E. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

UNIT 184

City

FORT LAUDERDALE

900062574989

01/03/05--01/05--015 \*\*150.00

State  
FL

Zip Code  
33306

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

REGISTERED AGENT MUST SIGN

Date 12/28/2005

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

Title

Name of  
Officers and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

P

ANTONIO RONALD MELO

2805 E. OAKLAND PARK BLVD., UNIT 184

FORT LAUDERDALE, FL 33306

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/2005

(954)770-6622

Date

Daytime Phone #

112

114

2/2

**Maxdream Corporation**  
2805 E. Oakland Park Blvd, Unit 184  
Fort Lauderdale, FL 33306  
Phone: (954) 283-8539  
Fax: (954) 337-6496

**December 28, 2005**

**Department of State**  
**Division of Corporations**  
P.O. BOX 6327  
Tallahassee, FL 32314

As per my phone call with an agent today from the Florida Department of State Division of Corporations, **I am writing and sending this letter in order to waive the penalty for reinstatement (\$600.00)** of my company MAXDREAM CORPORATION.

I, for some reason, have not received any notification or the report form for this year of 2005, therefore I did not fill it until today.

Please accept my apologies for not calling you earlier, but today I called the Division of Corporations and they told me to fill out that attached Corporation Reinstatement Form and a **check for \$150.00**, which will cover the Annual Report for 2005 for my corporation.

Thank you for your understanding.

My company information is:  
**MAXDREAM CORPORATION**  
2805 EAST OAKLAND PARK BLVD, UNIT 184  
FORT LAUDERDALE, FL 33306  
Phone: (954) 283-8539  
Cell: (954) 770-6622

Document # P00000048450  
FEI # 651009572

  
\_\_\_\_\_  
Antonio Ronald Melo (President)

Date : 12/28/05