

PLEASE READ ALL INSTRUCTIONS BEFORE COMI

FILED
Mar 11, 2002 8:00 am
Secretary of State

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P00000063345

1. Corporation Name

AMERICAN DREAMS ELECTRONICS CORP.

2. Principal Office Address

8570 N.W. 61 St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

USA

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

City & State

REINSTATEMENT 01-07

**4. Date Incorporated or Qualified
 To Do Business in Florida**

6/29/00

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$375 Additional Fee required
 for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Steve Polatnick, Esq.

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

10691 Kendall Drive

Suite, Apt. #, Etc.

101

City

Miami

State

FL

Zip Code

33176

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

Steve Polatnick

REGISTERED AGENT MUST SIGN

Date

2/22/02

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
VP	Miguel Alexis Arguello	11509 N.W. 62 Terr. #343	Miami, FL 33178
T	Urquiza Rodriguez	11509 N.W. 62 Terr. #343	Miami, FL 33178
P,S	Nelly Arguello	6103 N.W. 116 Place #456	Miami, FL 33178

10. I certify that I am an officer or director of 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:

Nelly Arguello

NELLY ARGUELLO

02-15-02 (305) 406 95 46

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)