

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
04 MAY 13 AM 10:36

DOCUMENT # **PD1000038714**

1. Corporation Name

**American Dream - Realty of
South Florida, INC**

000037668390

06/04/04--01047--011 **908.75

REINSTATEMENT 03-04

2. Principal Office Address

3708 NE 12 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Oakland Park, Fla

City & State

Zip
33334

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/13/01

5. FEI Number

65 1103703

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

William Bonilla

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

3708 NE 12 AVE

Suite, Apt. #, Etc.

City

Oakland Park Florida

State

FL

Zip Code

33334

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/10/04

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
Pres.	William Bonilla	3708 NE 12 AVE	Oakland Park, Fl. 33334

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

5/10/04

Date

954-553-2623

Daytime Phone #

CR2E081 (01/04)