

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -7 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000083126

1. Corporation Name

DREAM BUILDERS DESIGN, INC.

2. Principal Office Address

1475 Lake Shadow Circle

3. Mailing Office Address

1475 Lake Shadow Circle

Suite, Apt. #, etc.

Suite 6302

Suite, Apt. #, etc.

Suite 6302

City & State

Maitland, Florida

City & State

Maitland, Florida

Zip

32751

Country

USA

Zip

32751

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/2001

5. FEI Number

59-3740491

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

Vihlen & Sills, P.A.

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

1173 Spring Centre South Boulevard

Suite, Apt. #, Etc.

Suite C

City

Altamonte Springs

State
FL

Zip Code

32714

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]

Date 10/29/2001

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	Crofton, Matthew T.	1212 Forest Circle	Altamonte Springs, FL 32714
D	Crofton, William L	1212 Forest Circle	Altamonte Springs, FL 32714

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]

Director

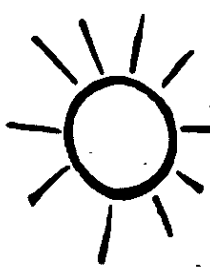
10/29/02 (321) 863-5996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2008 (9/01)



Dream Builders, Inc.

1475 Lake Shadow Circle #6302
Maitland, Florida 32751

office: 407-659-9105
fax: 407-659-9106
cell: 407-252-0419

October 24, 2002

To whom it may concern,

Dream Builders Design, Inc. did not receive a single UBR for our corporate filings.
Please understand our situation and accept our payment to maintain our active status.

Thank-you for your understanding,

Matthew Crofton
President

It starts with a dream.