

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)

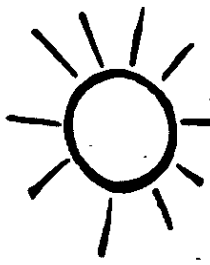
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Crofton, Matthew-T-	1212 Forest Circle	Altamonte Springs, FL 32714
D	Crofton, William L	1212 Forest Circle	Altamonte Springs, FL 32714

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 Date **10/29/02** (321) 863-5996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0B: (9/01)



# Dream Builders, inc.

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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,

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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.