

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

**CORPORATION  
REINSTATEMENT**



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

FILED

05 FEB 21 AM 8:49

TALLAHASSEE, FLORIDA

DOCUMENT # **P01000094456**

1. Corporation Name

**WICCADREAMER, INC.**

2. Principal Office Address

**1362 SE 17th St**

Suite, Apt. #, etc.

3. Mailing Office Address

**1362 SE 17th St**

Suite, Apt. #, etc.

City & State

**Ft Lauderdale FL**

City & State

**Ft Lauderdale FL**

Zip

**33316**

Country

**USA**

Zip

**33316**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**9/27/01**

5. FEI Number

**65-1143721**

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

**JOHN PENMAN**

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

**1362 SE 17th St**

Suite, Apt. #, Etc.

City

**Ft Lauderdale**

State

**FL**

Zip Code

**33316**

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 **2/17/2005**

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	PENMAN, JOHN	1362 SE 17th St	Ft Lauderdale FL 33316

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

**2/17/2005**

Date

Daytime Phone #

CR2E081 (9/01)

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**WICCADREAMER, INC..  
1362 SE 17<sup>TH</sup> STREET  
FT. LAUDERDALE, FLORIDA 33316  
954-600-2274**

February 17, 2005

Secretary of State  
Division of Corporations  
Annual Reports Filings  
409 East Gaines St  
Tallahassee, FL 32399

RE: Wiccadreamer, Inc. PO1000094456

To Whom It May Concern:

Please find our check for \$450

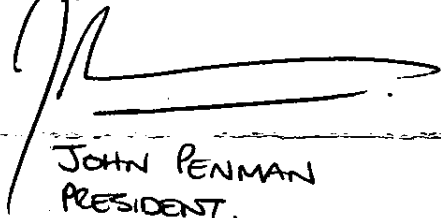
Please note that we did not receive the Uniform Business Report.

We moved our location to the above address and our mail did not get forwarded.

Please accept this payment and form now and please abate all penalties and interest.

If you have any questions, please do not hesitate to contact me

Sincerely,



JOHN PENMAN  
PRESIDENT.