

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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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 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

500048849175

02/22/05 - 01/02 - 019 **450 00

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 17TH 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

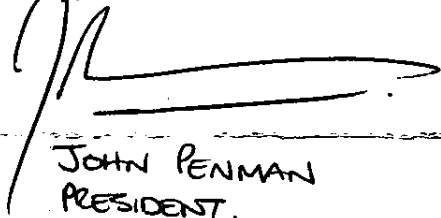
Please note that we did not receive the Uniform Business Report.

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.