

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000012050**

1. Corporation Name

**PROSTREET DREAMS, INC.**

Principal Place of Business

1710 NW 109TH AVE.  
PEMBROKE PINES FL 33026

Mailing Address

1710 NW 109TH AVE.  
PEMBROKE PINES FL 33026

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10086 Griffin Rd  
Cooper City, FL

Suite, Apt. #, etc.

City & State

Zip

Country

33328  
Broward

3. New Mailing Office Address, If Applicable

10086 Griffin Rd.  
Cooper City, FL

Suite, Apt. #, etc.

City & State

Zip

Country

33328  
Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

01/28/2002

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CAVANAUGH, DANIEL S	1710 NW 109TH AVE.	PEMBROKE PINES FL 33026
VP	COLOMB, CHRISTINA	1710 NW 109TH AVE.	PEMBROKE PINES FL 33026

000023865480  
10/16/03--01092--014 \*\*150.00

8. Name and Address of Current Registered Agent

CAVANAUGH, DANIEL S  
1710 NW 109TH AVE.  
PEMBROKE PINES FL 33026

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/13/03

11. 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Cavanaugh 10/13/03

Date

Daytime Phone #

CR2040 (7/03)

# ProStreet *Dreams*

10086 Griffin Road Cooper City, FL 33328

954-252-9595

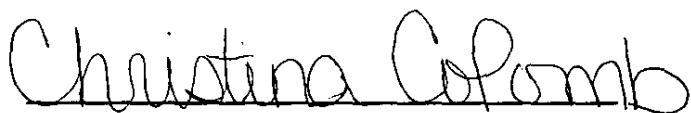
ProStreet Dreams Inc. is a Florida Limited Liability Company. The company was formed on 10/13/03. The company is currently in the process of being reinstated. The company has not received any prior notices of UBR filing. This being our first notice, we submit this letter and our completed application for reinstatement.

October 13, 2003

Dear Florida Dept. Of State,

This letter is to Officially inform you that ProStreet Dreams Inc. has not received any prior notices of UBR filing. This being our first notice, we submit this letter and our completed application for reinstatement.

Thank you,



Christina Colomb  
Vice President/ Owner