

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 21 AM 9:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000016615**

1. Corporation Name

CORVETTE DREAMS, INC.

Principal Place of Business

Mailing Address

~~3521 NW 10TH AVE~~
~~FT LAUDERDALE FL 33309~~

~~3521 NW 10TH AVE~~
~~FT LAUDERDALE FL 33309~~



REINSTATEMENT 07

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

2. New Principal Office Address, If Applicable

1900 NW 33CT

3. New Mailing Office Address, If Applicable

1900 NW 33CT

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH, FL

Zip

33064

Country

BROWARD

Zip

33064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/2002

5. FEI Number

01-0598355

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	FANCHER, MARSHALL A	3521 NW 10TH AVE 1900 NW 33CT #1	FT LAUDERDALE FL 33309
V	BROWN, MARY ELLEN	3521 NW 10TH AVE 1900 NW 33CT #1	FT LAUDERDALE FL 33309

000023965210

10/21/03--01043--001 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FANCHER, MARSHALL

~~3521 NW 10TH AVE~~ **1900 NW 33CT. #1**

~~FT LAUDERDALE FL 33309~~ **POMPANO Bch, FL**

33064

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

Marshall A. Fancher

REGISTERED AGENT MUST SIGN

Date

10-16-03

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:

Marshall A. Fancher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-03 954-970-7994

Date

Daytime Phone #

CR2E040 (7/03)