

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 15 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000048482

1. Corporation Name

DREAMCATCHER REALTY, INC.

Principal Place of Business

Mailing Address

2768 HIGHWAY 710  
OKEECHOBEE FL 34974  
34972

404 N PARROTT AVE.  
2768 HIGHWAY 710  
OKEECHOBEE FL 34974  
34972



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

404 N PARROTT AVE

Suite, Apt. #, etc.

City & State  
OKEECHOBEE FL

Zip Country  
34972 OKEECHOBEE

3. New Mailing Office Address, If Applicable

SAME 404 N PARROTT

Suite, Apt. #, etc.

City & State  
OKEECHOBEE

Zip Country  
FL OKEECHOBEE

4. Date Incorporated or Qualified  
To Do Business in Florida

05/02/2002

5. FEI Number

300070633

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
DP	KLEIMAN, MAUREEN	2768 HIGHWAY 710 404 N PARROTT AVE	OKEECHOBEE FL 34974 34972
DV	SETTLE, LORELYN C RESIGNED	2768 HIGHWAY 710	OKEECHOBEE FL 34974

700023820037  
10/15/03--01059--018 \*\*150.00

8. Name and Address of Current Registered Agent

BARFIELD, DONNA P.A.  
319 HIBISCUS STREET  
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name  
MAUREEN KLEIMAN

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

404 N PARROTT AVE

Suite, Apt. #, Etc.

City  
OKEECHOBEE

State  
FL

Zip Code  
34972

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

MAUREEN KLEIMAN

REGISTERED AGENT MUST SIGN

Date 10/8/03

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:

MAUREEN KLEIMAN

MAUREEN KLEIMAN

10/8/03

(863) 634-4724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



DREAMCATCHER REALTY  
404 N PARROTT AVE.  
OKEECHOBEE, FL 34972

Glenda Hood  
Florida Department of State  
Department of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Dear Ms. Hood:

I have just received the attached information and am sending in the fee to reinstate the corporation DREAMCATCHER REALTY, INC. We relocated about 1 1/2 years ago to the above location. I was unaware of any filings due and did not receive any prior notices (UBR) .

Please accept my reinstatement fee, which is enclosed.

Sincerely,

Maureen Kleiman  
President