

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -5 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000096146

1. Corporation Name

Dreamvestors, INC.

2. Principal Office Address

104 12TH STREET

Suite, Apt. #, etc.

City & State

BELLEAIR BEACH FL.

Zip

33786

Country

PINELLAS

3. Mailing Office Address

104 12TH STREET

Suite, Apt. #, etc.

City & State

BELLEAIR BEACH

Zip

33786

Country

PINELLAS

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/05/2002

5. FEI Number

06-1646210

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

800025256428
12/05/03--01040--027 **150.00

7. Name and Address of Current Registered Agent

Name

DAVID A DAVIS

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

104 12TH STREET

Suite, Apt. #, Etc.

City

BELLEAIR BEACH

State
FL

Zip Code
33786

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

David A Davis

REGISTERED AGENT MUST SIGN

Date 11-18-03

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	DAVID A DAVIS	104 12TH STREET	BELLEAIR BEACH, FL. 33786
V P	RANDALL MULLINS	9351 DELRAY DR	NEW PORT RICHEY, FL.
T	DAVID A DAVIS	104 12TH STREET	BELLEAIR BEACH, FL. 33786

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

11-18-03

Date

(727) 642-3986

Daytime Phone #

B

DREAMVESTORS, INC.

104 12 TH STREET
BELLEAIR BEACH
FL, 33786
727-642-3986

20f2

November 26, 2003

DIVISION OF CORPORATIONS

Dear Sir or Madam: in regards to this matter concerning the dissolution of Dreamvestors INC we were made aware of this matter by a costumer concerned about signing contracts with us. We have since engaged are attorney and accountant for advice both *informed me* of proper procedure and rights about fees and filing requirements and your web site. Having not received maligns from your office about this issue in the past I hope with this filing and the website there will be no more miss communication between Dreamvestors inc. and the Florida Department of State.

Respectful yours



David A Davis
CEO.