

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC -5 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000046550

1. Corporation Name

DREAM-ON ENTERTAINMENT

2. Principal Office Address - No P.O. Box #

2020 NW 71 STREET

3. Mailing Office Address

2020 NW 71 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33147

Country

USA

Zip

33147

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/2003

5. FEI Number

200036027

☒ 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

Anturuan Stallworth

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

2020 NW 71 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 12/3/07

REGISTERED AGENT MUST SIGN

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	Anturuan Stallworth	2020 NW 71 STREET	MIAMI, FL 33147
D	Melissa Sherrod	2020 NW 71 STREET	MIAMI, FL 33147
D	Derrell Walton	2020 NW 71 STREET	MIAMI, FL 33147

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12/05/07--01024--020 **1050.00

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 provided in Chapter 118, F.S. The information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

12/3/07

786-256-6068

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Print Name

12/06