

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000053340

1. Corporation Name

DREAMKEEPERS MEDIA, INC.

2. Principal Office Address - No P.O. Box #
4803 GEORGE RD.

3. Mailing Office Address

Suite, Apt. #, etc.
SUITE 360

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State

Zip
33634

Country
US

Zip

Country

REINSTATEMENT 06-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **05/10/2003**

5. FEI Number
56-2360237

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
Cathie Coons

Street Address (P.O. Box Number is Not Acceptable)
10537 FRIERSON LAKE DR.

Suite, Apt. #, Etc.

City
Hudson

State
FL

Zip Code
34669

☒ 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 **10/11/07**

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
P/T/D	STEVE SECKAR	2628 WITLEY AVE.	PALM HARBOR, FL 34685
VP/S/D	KATHRYN SECKAR	2628 WITLEY AVE.	PALM HARBOR, FL 34685
D	CATHIE COONS	10537 FRIERSON LAKE DR.	HUDSON, FL 34669

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 contained in Chapter 119, 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:

Cathie Coons

10/11/07

727-856-3654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #