PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11 APR 25 PM 8:10

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000057930

1. Corporation Name
Environmental Dreamscapes, Inc.

200196099302
02/25/11--01050--008 **750.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7942 SW 42nd Street	PO Box # 1192
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm City	City & State: Palm City
Zip: 34990 Country:	Zip: 34991 Country:

4. Date Incorporated or Qualified To Do Business in Florida 5/16/2003

5. FEI Number 20-0030204 ☐ 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: Beacon Accounting Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 3135 SW Mapp Road

Suite, Apt. #, Etc.:

City: Palm City State: FL Zip Code: 34990

04/28/11--01045--001 **150.00
200196099302

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 01/21/2011
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
PDS	Brian E. Soucie	PO Box # 1192	Palm City, FL. 34991
VPDT	Eugene L. Cardosi	PO Box # 1192	Palm City, FL 34991
		REINSTATEMENT 10-11	

10. E-mail Address: bsochef@msn.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 2/23/11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/25/11