

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000072145

1. Entity Name
FAMILY DREAMS, INC.



Principal Place of Business

**1695 LAGOON CIRCLE
BARTOW, FL 33830**

Mailing Address

**1695 LAGOON CIRCLE
BARTOW, FL 33830**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

10122004

REIN-P

CR2E098 (6/04)

4. FEI Number

14-1888810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CLAY, RAYMOND R JR
1695 LAGOON CIRCLE
BARTOW, FL 33830**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **CLAY, RAYMOND R JR**
STREET ADDRESS **1695 LAGOON CIRCLE**
CITY-ST-ZIP **BARTOW, FL 33830**

TITLE **DV** ☐ Delete
NAME **CLAY, LAURISA W JR**
STREET ADDRESS **1695 LAGOON CIRCLE**
CITY-ST-ZIP **BARTOW, FL 33830**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Raymond R. Clay Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-04 (863)533-3659
Date Daytime Phone #

FILED
04 OCT 15 AM 9 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



October 12, 2004

Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Attn. Tyrone Scott,

We did not receive a note about Family Dreams, Inc. annual report. I am asking can you please waive the penalty fee.

Thank you,


Raymond R. Clay Jr., President