

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 OCT 10 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Page 1 of 2

CR2E081 (12/05)

DOCUMENT # P4000054406

1. Corporation Name

Our Second Dream, Inc

2. Principal Office Address

909 5 main st.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1162

Suite, Apt. #, etc.

City & State

Crieffland FL

Zip

32100

Country

Levy

City & State

Crieffland FL

Zip

32144

Country

Levy

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0940815

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

Walter Schaffer

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

13511 N. Bronson AVE

Suite, Apt. #, Etc.

City

Trenton

State

FL

Zip Code

32693

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

Walter Schaffer

Date 10-06-06

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
Pres	Walter V. Schaffer	13511 N Bronson AVE	Trenton, FL 32693

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:

Walter V. Schaffer

Walter V. Schaffer (Pres) 10-06-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352 949-

0333

...
Sir or Madam:

Page 20R

I spoke with ms. Barbara. She stated we had paid our fees, but a letter was sent to us we had wrong FEI # on documents. I remember send back the form with a corrected # and did not receive a response. I thought all was okay. Here is our corrected form again along with our Current Corporate fees that I believe are due soon.

Walter V. Schaffer (Pres)
Walt V. Sch