

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

2007 JAN 31 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200087197572
02/02/07--01009--025 **450.00

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 6/21/2004

5. FEI Number 20-1306377 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☒ 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.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04V000094939

1. Corporation Name
Sweet Dreams of Gainesville

2. Principal Office Address - No P.O. Box #
3437 W. University ave

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State
Gainesville FL

Zip
32607

Country

7. Name and Address of Current Registered Agent

Name Michael Manfredi

Street Address (P.O. Box Number is Not Acceptable)
3812 SW 15th st

Suite, Apt. #, Etc.

City Gainesville State FL Zip Code 32608

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 [Signature] Date 1-22-07

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
Pres-	Michael Manfredi	3812 SW 15th st	Gainesville FL 32608
V.Pres	Lisa Manfredi	3812 SW 15th st	Gainesville FL 32608

REINSTATEMENT 05-07 B 2/1/07

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 [Signature] Michael Manfredi Date 1-22-07 (352) 219-6653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #



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Sweet Dreams of Gainesville did not receive the annual report notice for the years 2005, 2006 or 2007 dissolution or revocation. Therefore enclosed is payment for years past due and present. Thank you for your time taken to clear up this matter.

Michael Manfredi

Michael Manfredi
president of Sweet Dreams of Gainesville