

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000028558

1. Corporation Name

Dreams Come True Investments, Inc.

2. Principal Office Address - No P.O. Box #

3084 Bay Laurel Circle North

3. Mailing Office Address

3084 Bay Laurel Circle North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL 34744

City & State

Kissimmee, FL 34744

Zip

34744

Country

USA

Zip

34744

Country

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/2005

5. FEI Number

331111467

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
Itwaru Teresa

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

3084 Bay Laurel Circle North

Suite, Apt. #, Etc.

City
Kissimmee, FL 34744

State
FL

Zip Code
34744

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 04-16-07

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
PD	Itwaru, Teresa	3084 Bay Laurel Circle North	Kissimmee, FL 34744
VP	Itwaru, Felix	3084 Bay Laurel Circle North	Kissimmee, FL 34744
			900104255039 06/12/07--01012--002 **150.00
			900104255039 06/12/07--01012--003 **150.00

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] ; TERESA ITWARU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/2007 407 297-3700

Date

Daytime Phone #