

DOCUMENT # P05000083921

1. Corporation Name

Dreamette, Inc.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08

<b>2. Principal Office Address - No P.O. Box #</b> 3646 Post Street Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 3646 Post Street Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32205	Country USA	Zip 32205	Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida 06/10/2005

5. FEI Number  
20-2988641

Applied For  
Not Applicable

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

<b>7. Name and Address of Current Registered Agent</b>	
Name A.L. Kelly	
Street Address (P.O. Box Number is Not Acceptable) 3646 Post Street	
Suite, Apt. #, Etc.	
City Jacksonville	State Zip Code FL 32205

☒ 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

Date 07/22/2008

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
Dir	A.L. Kelly	4853 MAGILL RD	Jacksonville, FL 32219
Dir	Lori Kelly	4853 MAGILL RD	Jacksonville, FL 32219

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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 parties 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/22/2008 (904) 237-3966

Date Daytime Phone #

7/23 aw