

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JAN 17 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000166323

1. Corporation Name

Brenda's Dream Inc

900117604459
02/08/08--01020--011 **450.00

REINSTATEMENT 01/07/08

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

7911 NW 72 Ave

Suite, Apt. #, etc.

205

City & State

Medley, FL

Zip

33166

Country

3. Mailing Office Address

984 NE 36 Ave

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

33033

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-3484221

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

Brenda Espinoza

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

984 NE 36 Ave

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33033

☒ 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

Brenda Espinoza
REGISTERED AGENT MUST SIGN

Date 1/16/08

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
<u>P</u>	<u>Brenda Espinoza</u>	<u>984 NE 36 Ave</u>	<u>Homestead, FL 33033</u>

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:

Brenda Espinoza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08
Date

305-905-2985
Daytime Phone #

B. Mitchell JAN 17 2008