

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P07000026315**

1. Corporation Name

Dream Home CONTRACTORS, INC.

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

7110 SW 142 ND AVE

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Same

Zip

33183

Country

US

Zip

33183

Country

US

7. Name and Address of Current Registered Agent

Name

Juan Carlos Cuellar

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

7110 SW 142 ND AVE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33183

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 **X**

[Signature]

REGISTERED AGENT MUST SIGN

Date **11-30-09**

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
P	JUAN CARLOS CUELLAR	7110 SW 142 AVE	Miami FL 33183

300163214598
12/01/09--01015--014 **150.00

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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 **X**

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-30-09

Daytime Phone #

FILED
2009 DEC -1 PM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT