

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32310-0001
12 DEC 19 AM 10:08

DOCUMENT # P 07000050052

1. Corporation Name

Havana Dreamers, Inc

REINSTATEMENT 2012

CR2E081 (11/10)

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

8637 US Highway 19N
Suite, Apt. #, etc.

3. Mailing Office Address

23110 SR 54
Suite, Apt. #, etc.

City & State

Port Richey, FL
Zip

34668

Country
USA

City & State

Lutz, FL
Zip

33549

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/2007

5. FEI Number

41-2237386

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

Lisa A Shippy-Gonzalez

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

1341 Fox Chapel Dr
Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33549

800242915048
12/19/12--01026--001 **750.00

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

Lisa A Shippy-Gonzalez
REGISTERED AGENT MUST SIGN

Date 12-5-12

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
T	Lisa Shippy-Gonzalez	1341 Fox Chapel Dr	Lutz, FL 33549
P	Rudolph Gonzalez	1341 Fox Chapel Dr	Lutz, FL 33549
S	Rudolph Gonzalez	1341 Fox Chapel Dr	Lutz, FL 33549

DEC 19 2012

10. E-mail Address: lshippyg@yahoo.com

(To be used for future annual report notification)

D. BUTLER

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Lisa A Shippy-Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-5-12

813-785-3771