

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P15000030796

1. Corporation Name

Carolina Dreamin'

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

3626 Cat Mint St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 89154

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33619

Country

USA

Zip

33689

Country

USA

100341684831  
03/04/20--01012--019 \*\$1200.00

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

4/1/2015

5. FEI Number

None

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

Brandon McFarland

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

3626 Cat Mint St.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33619

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

2/26/2020

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	Brandon McFarland	3626 Cat Mint St.	Tampa, FL 33619

MAR 24 2020

10. E-mail Address: servicemx19@gmail.com

(To be used for future annual report notification)

S. YOUNG

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/2020

Daytime Phone #