

P16000018350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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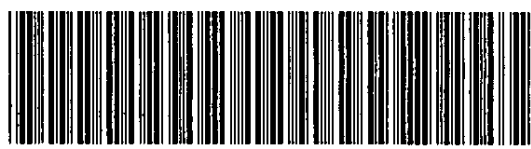
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/19/16--01015--022 **78.75

FEB 29 2016
S. GILBERT

FILED
16 FEB 19 PM 2:20
CLERK OF COURT
JULIA ANASTASIOU, CLERK
TALLAHASSEE, FLORIDA

February 13, 2016

Department of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Reference: Amnestic Dreams, Inc Florida Document Number P08000064604

Dear Processor:

It has come to my attention that my annual report was neglected to be filed and therefore my corporation has been dissolved.

At this time I would ask the state to release my document number P08000064604

for my corporation Amnestic Dreams Inc. under my authority as the acting President of this corporation.

I am also enclosing articles of incorporation that I would like the state to process at this time.

Thanking you for your assistance in taking care of these matters.

Sincerely,

A handwritten signature in black ink that reads "Maury Barrett". The signature is written in a cursive, flowing style with a long horizontal stroke at the end.

Maury Barrett, President



Detail by Entity Name

Florida Profit Corporation

AMNESTIC DREAMS, INC

Filing Information

Document Number	P08000064604
FEI/EIN Number	NONE
Date Filed	07/07/2008
State	FL
Status	INACTIVE
Last Event	ADMIN DISSOLUTION FOR ANNUAL REPORT
Event Date Filed	09/25/2009
Event Effective Date	NONE

Principal Address

709 CAPE CORAL PARKWAY WEST
CAPE CORAL, FL 33914

Mailing Address

709 CAPE CORAL PARKWAY WEST
CAPE CORAL, FL 33914

Registered Agent Name & Address

SWAN, LAWRENCE
14250 ROYAL HARBOUR COURT UNIT 517
FT MYERS, FL 33908

Officer/Director Detail

Name & Address

Title PD

BARRETT, MAURY
709 CAPE CORAL PARKWAY WEST
CAPE CORAL, FL 33914

Title VSTD

BARRETT, MAURY
709 CAPE CORAL PARKWAY WEST
CAPE CORAL, FL 33914

Annual Reports

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Amnestic Dreams, Inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Maury Barrett
Name (Printed or typed)

709 Cape Coral Parkway West
Address

Cape Coral, FL 33914
City, State & Zip

337-288-4912
Daytime Telephone number

gaswork72@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: Amnestic Dreams Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

709 Cape Coral Parkway West

709 Cape Coral Parkway West

Cape Coral, FL 33914

Cape Coral, FL 33914

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful activities pertaining to medical consulting

ARTICLE IV SHARES

The number of shares of stock is: 100 shares @ 1.00 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maury Barrett, President

Name and Title: _____

Address 709 Cape Coral Parkway West

Address: _____

Cape Coral, FL 33914

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Lawrence Swan
Address: 709 Cape Coral Parkway West
Cape Coral, FL 33914

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Maury Barrett
Address: 709 Cape Coral Parkway West
Cape Coral, FL 33914

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

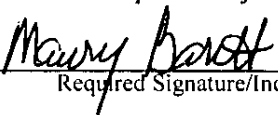
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

2/14/16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.


Required Signature/Incorporator

2/14/16
Date