PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 NOV 17 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000030277

1. Corporation Name

Dreamaway, Inc.

Principal Place of Business	Mailing Address
2947 Barrymore Court Orlando, Florida 32835	2947 Barrymore Court Orlando, Florida 32835

94-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
301 E. Hillcrest Street
Suite, Apt. #, etc.

City & State
Orlando, Florida
Zip: 32801 Country: U.S.A.

3. New Mailing Office Address, if Applicable
301 E. Hillcrest Street
Suite, Apt. #, etc.

City & State
Orlando, Florida
Zip: 32801 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
April 23, 1993

5. FEI Number
59-3201074
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐
$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Anthony A. Arrigoni	307B E Livingston Street	Orlando, Florida 32801

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-11/18/97--01089--003
***1245.00 ***1245.00

87 11/18

8. Name and Address of Current Registered Agent

Anthony A. Arrigoni
2947 Barrymore Court
Orlando, Florida 32835

9. Name and Address of New Registered Agent

Name
Anthony A. Arrigoni
Street Address (P.O. Box Number is Not Acceptable)
301 E. Hillcrest Street
Suite, Apt. #, Etc.

City: Orlando State: FL Zip Code: 32801

CR2E040 (12/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 10-15-97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]

(See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: _____ President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tony Arrigoni

10-15-97
Date

(407) 481-0118
Daytime Phone #