

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 MAY 29 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000063651**

1. Corporation Name

I HAVE A DREAM SHOPPING CENTER, INC.

Handwritten mark

2. Principal Office Address

650 NE 88 TERRACE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33138

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1994

5. FEI Number

650523941

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-03

7. Name and Address of Current Registered Agent

Name

HASSAN ALGHANNAM

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

650 NE 88 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33138

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

Handwritten signature of Hassan Alghannam

REGISTERED AGENT MUST SIGN

Date **05/15/03**

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
PD	HASSAN ALGHANNAM	650 NE 88 Terrace	Miami, FL 33138

400020427414
06/03/03--01069--020 **1.358.75

90. 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:

Handwritten signature of Hassan Alghannam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/15/03

Date

(786) 229-5794

Daytime Phone #