! '		TRUCTIONS DA DEPARTME		-	ING THIS FORM.	
APPLICATION FOR REINSTATEMENT DOCUMENT # PS 1. Corporation Name HOMES & DREAMS REA	17	Sandra B. Mo Secretary of S	rtham State		APPROVED AND FILED	
THRULA NABASSION OF CORPORATIONS				1997 MAY -2 PM 2: 54		
1. Comporation Name P95000050202				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
HOMES & DREAMS REA	ALTY, INC.			į.	ALLAHASSEE. FLOI	ΝÜΛ
SII-E OCEAN BLVD SII		eiling Address 5///-E OCEAN BLVD 575-BRYCE LAN E SARASOTA FL 24294 34742				
If above addresses are incorrect in any wa 2. New Principal Office Address, if Applicat		information and enter		A Data tage	0.000	
5111-E OCEAN BLYD SA		m∈ As # >_ ot. #, etc.		Date incorporated or Qualified To Do Business in Florida O6/23/1995		
SARASOTA FL.		& State		5. FEI Number	1447 44 100 00	Applied For
Zip Country	Zip	Countr	rv	6.	\$8.75	Not Applicable Additional Fee require
7. Names and Street Addresses of Each O	9			<u> </u>	E OF STATUS DESIRED [fo	r a Certificate of Status
Title(s) 1 2	fficers	Str	reet Address of Eac ficer and/or Directo se Post Office Box	<u></u>	City / Stat	e / Zip
D` DEFREEST, PHILLIP		2675 BRYCE L			SARASOTA FL 34231	
	17 11				000021690 05/07/97-0 ****540.00	1069009 ****540.00
			*Due +	o Clerical	Error Reinstate	For 1996 /375
8, Name and Address of	Current Registered Ag	ent	T	9. Name and A	ddress of New Registered Ag	
DEFREEST, PHILLIP			Name			*
2675 BRYCE LANE				P.O. Box Number is Not Acceptable)		
SARASOTA PL 34231		Sulte, Apt. #, Etc				
			City	<u>-</u>	State FL	Zip Code
10. I, being appointed the registered agent of Registered Agent	Je /1000	poration, am (amiliar wi	th and accept the ol	oligations of Section	Date	196
11. Does this corporation Dept. of Revenue und	pay any intanç er S. 199.032,	gible tax to th Florida Statu	e utes. Yes		(See other side on intangl	
12.1 certify that I am an officer or director or this reinstatement application, the reason owed by the corporation have been paid office application is true and accurate, a	and the names of Individ	t ellininated, the corpo	rate name satisties	the requirements		
SIGNATURE: SIGNATURE AND PYPE	July DOR PRINTED NAME OF	PHILLIP SIGNING OFFICER OR D	O DEPRE	est 1	2/23/96 (941)	7 <u>24-63</u> 97 me Phone #