

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**01 MAR 15 AM 9:26**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000094552**

**1. Corporation Name**

DREAM MERCHANTS, INC.

**2. Principal Office Address**

8114 Lakeside Drive

Suite, Apt. #, etc.

City & State

Yalaha, Florida

Zip

34797

Country

U.S.

**3. Mailing Office Address**

8114 Lakeside Drive

Suite, Apt. #, etc.

City & State

Yalaha, Florida

Zip

34797

Country

U.S.

**REINSTATEMENT**

99-101

**4. Date Incorporated or Qualified  
To Do Business in Florida**

December 13, 1995

**5. FEI Number**

59-3355227

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

Lowell Gene Meisberger

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

8114 Lakeside Drive

Suite, Apt. #, Etc.

City

Yalaha

State  
**FL**

Zip Code  
34797

300003892883-1

03/22/01--D1065--025

\*\*\*1050.00 \*\*\*1050.00

**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

*Lowell Gene Meisberger*  
REGISTERED AGENT MUST SIGN

Date March 12, 2001

**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/S/D	Lowell Gene Meisberger	8114 Lakeside Drive	Yalaha, FL 34797
			LS

**10. 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**

*Lowell Gene Meisberger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Lowell Gene Meisberger) (352) 324-3828

Date 3-12-01 Daytime Phone #

CR2E081 (9/00)