

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

~~CORPORATION~~
~~REINSTATEMENT~~

98-2000

98-2000AR

FILED

00 FEB 18 PM 2: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SP

DOCUMENT # P96000010760

1. Corporation Name

Dream Kitchen Installations, Inc.

W-455G

2. Principal Office Address

4949 Pennsbury Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

4949 Pennsbury Dr.
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Country

33624 Hillsborough

Zip

33624 Hillsborough

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Feb 2, 1996

5. FEI Number

59-3368741

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

Tim Pulver

500003157135--4

-03/03/00--01104--022

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

4949 Pennsbury Dr.

****450.00 ****450.00

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624

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

Tim Pulver

Date

2/15/00

REGISTERED AGENT MUST SIGN

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	Tim M. Pulver	4949 Pennsbury Dr	Tampa, FL 33624
V	Dawn A. Pulver	4949 Pennsbury Dr.	Tampa, FL 33624
S	Arnold Belton Lay	16114 Manorwood	Tampa, FL 33624

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:

Tim Pulver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00
Date

813-962-2433
Daytime Phone #

CR2E081 (9/99)