
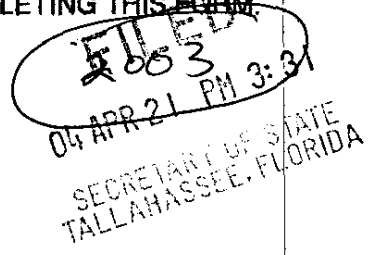
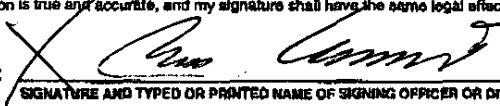


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # P96000015511					
1. Corporation Name American Dream Companies, Inc.					
2. Principal Office Address 138 PALM COAST PKWY		3. Mailing Office Address 138 PALM COAST PKWY			
Suite, Apt. #, etc. # 330		Suite, Apt. #, etc. # 330			
City & State Palm Coast, FL		City & State Palm Coast FL			
Zip 32137		Country		Country	
		Zip 32137		Country	
4. Date incorporated or Qualified To Do Business in Florida				5. FBI Number 59-3362086	
				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$5.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name John Koszalkowski		200033476952			
Street Address (P.O. Box Number is Not Acceptable) 138 Palm Coast Pkwy N.E		04/21/04 01077 014 ***1.50			
Suite, Apt. #, Etc. # 330		200033476952			
City Palm Coast		04/21/04--01077--013 ***300.00			
		State FL		Zip Code 32137	
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		Date			
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	
Pres	John Koszalkowski	138 Palm Coast Pkwy N.E #330		Palm Coast, FL 32137	
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: 		4/19/04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

TR

American Dream Companies Inc
138 Palm Coast Pkwy NE #330
Palm Coast, Fl. 32137
April 19, 2004

Divisions of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

To Whom it May Concern,

Enclosed is my completed 2003 Corporate Reinstatement form and the 2004 Uniform Business Report along with a check in the amount of \$300.00 for the years 2003 and 2004. I did not receive the original 2003 Uniform Business Report and did not realize until now that I did not receive the form and that the corporation had been dissolved. I did not receive prior notice that the corporation had been dissolved.

I ask that the late filing penalty be waived since I did not receive notice for 2003. Thank you for your help in this matter.

Sincerely,



John Koszalkowski, Pres.
enc: 2003 Reinstatement Form
2004 Uniform Business Report
Check for \$300.00