

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

02 NOV -1 AM 10:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000056689**

1. Corporation Name

CORVETT DREAMS, INC.

Principal Place of Business

12522 SW 128TH ST
 MIAMI FL 33186

Mailing Address

12522 SW 128TH ST
 MIAMI FL 33186



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/01/1996

5. FEI Number

65-0692393

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CENTURION, LUIS	12522 SW 128TH ST	MIAMI FL 33186
PVTS	CENTURION, LUIS	12522 S.W. 128 ST	MIAMI FL 33186

000008729370
 10/31/02--01067--006 **150.00

8. Name and Address of Current Registered Agent

CENTURION, LUIS
 12522 SW 128TH ST
 MIAMI FL 33186

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent Luis Centurion **SIGNATURE REQUIRED**
 REGISTERED AGENT MUST SIGN

Date 10/24/02

11. 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)(l), 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: Luis Centurion **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/24/02

Daytime Phone # _____

CR2E040 (8/02)

October 24, 2002

Mr. Jim Smith, Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Corvett Dreams, Inc.

Dear Sirs:

This letter is to communicate to you that we did not receive the prior two UBR notices that you mention.

Enclosed please find our check in the amount of \$150.00 and the completed application for reinstatement of Corvett Dreams, Inc.

Sincerely,



Luis Centurion, Director
Corvett Dreams, Inc.
12522 SW 128th Street
Miami, Florida 33186-5423

LC/mc