

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

2001 UBR
Catherine Palmer
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 18 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000060798

1. Corporation Name

DreamCastle, Inc.

2. Principal Office Address

325 South Boulevard

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

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

07-18-1996

5. FEI Number

59-3389322

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

Cheryl A. Parrish

200004745582

-12/31/01--01085--011

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

325 South Boulevard

***150.00 ***150.00

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

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**

Cheryl A. Parrish
REGISTERED AGENT MUST SIGN

Date 12-11-01

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	John A. Parrish	502 S. Fremont Ave. #422	Tampa, FL 33606
V	Cheryl A. Parrish	" "	" "

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:

Cheryl A. Parrish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-11-01

Daytime Phone # 813-258-3771



December 11, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Doc. #P96000060798
DreamCastle, Inc.

To Whom It May Concern:

Due to an address change that was provided by us and overlooked by your office, please be advised that we did not receive a Uniform Business Report form for the year 2001 for our corporation, DreamCastle, Inc.

Per my telephone conversation with a representative in your office today, your computer records indicate that the first notice was returned, confirming that the form and notice were mailed in error to our old address at 3115 W. Barcelona Street.

I am enclosing our filing fee in the amount of \$150 and request that you reinstate this corporation at your earliest possible convenience.

PLEASE NOTE: WE ARE MOVING AGAIN ON DECEMBER 15, 2001!

The following new address will be effective as of 12/15/01:

DreamCastle, Inc.
325 South Boulevard
Tampa, FL 33606

Sincerely,

A handwritten signature in cursive script, appearing to read "Cheryl A. Parrish".

Cheryl A. Parrish
Vice President
DreamCastle, Inc.