

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 16 PM 4:44

**DOCUMENT # P 97000017651**

1. Corporation Name

DREAMS WILL COME TRUE, INC.

Principal Place of Business  
343 Almeria Avenue  
Suite 734  
Coral Gables, FL. 33134

Mailing Address  
3623 W. Kennedy Blvd.  
Tampa, FL. 33609

**REINSTATEMENT**

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

2. New Principal Office Address, If Applicable

2900 E. Oakland Park Blvd.  
Suite, Apt. #, etc.  
Third Floor

City & State  
Ft. Lauderdale, Florida

Zip Country  
33306 Broward

3. New Mailing Office Address, If Applicable

2900 East Oakland Park Blvd.  
Suite, Apt. #, etc.  
Third Floor

City & State  
Ft. Lauderdale, Florida

Zip Country  
33306 Broward

4. Date Incorporated or Qualified  
To Do Business In Florida  
February 25, 1997

5. FEI Number

65-0730381

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Dorothy Bressman	1205 Celibre Vinings Way	Smyrna, GA 30080

000003071010--7  
-12/15/99--01054--016  
\*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

Amerilawyer Chartered  
343 Almeria Ave. #734  
Coral Gables, Florida 33134

9. Name and Address of New Registered Agent

Name  
John W. Case, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
2900 East Oakland Park Blvd.  
Suite, Apt. #, Etc.  
Third Floor  
City  
Ft. Lauderdale  
State  
FL  
Zip Code  
33306

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.

Signature of  
Registered Agent

*John W. Case*

REGISTERED AGENT MUST SIGN

Date 11/9/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Dorothy Bressman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/99  
Date

Daytime Phone #

AD

CR2001 (12/98)