CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 21 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000020240

1. Corporation Name

DREAM WEAVERS, INC.

1000129783981
02/21/03--01112--011 **300.00

2. Principal Office Address
1505 COPPERFIELD CIR
TALLAHASSEE FL 32312

Suite, Apt. #, etc.

City & State
TALLAHASSEE FL

Zip
32312

Country
USA

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 03/05/97

5. FEI Number
59-3438102

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
FRANK E. DORSEY C.P.A

Street Address (P.O. Box Number is Not Acceptable)
401 E. VIRGINIA STREET

Suite, Apt. #, Etc.
THE CHESLEY HOUSE

City
TALLAHASSEE

State
FL

Zip Code
32301

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

REGISTERED AGENT MUST SIGN

Date 2/19/03

CR2E081 (10/02)

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
D	KATHY S MARCHANT	1505 COPPERFIELD CIR	TALLAHASSEE FL 32312
D	TRAVIS P MARCHANT	1505 COPPERFIELD CIR	TALLAHASSEE FL 32312

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: Kathy Marchant KATHY S. MARCHANT 2/17/03 850 668-2247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #