

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000031653

FILED
Oct 06, 2005
Secretary of State

Entity Name: DREAMSCAPES SPECIALITIES, INC.

Current Principal Place of Business:

3210 S.E. 19TH PLACE
CAPE CORAL, FL 33904

New Principal Place of Business:

2816 SW 29TH AVENUE
CAPE CORAL, FL 33914

Current Mailing Address:

3210 S.E. 19TH PLACE
CAPE CORAL, FL 33904

New Mailing Address:

2816 SW 29TH AVENUE
CAPE CORAL, FL 33914

FEI Number: 65-0747931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SQUAREBRIGS, BRUCE
3210 S.E. 19TH PLACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

SQUAREBRIGS, BRUCE
2816 SW 29TH AVENUE
CAPE CORAL, FL 33914 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRUCE E SQUAREBRIGS

10/06/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: SQUAREBRIGS, BRUCE
Address: 3210 S.E. 19TH PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: SQUAREBRIGS, BRUCE E
Address: 2816 SW 29TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: V () Change (X) Addition
Name: SQUAREBRIGS, ANNA M R
Address: 2816 SW 29TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE E SQUAREBRIGS

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10/06/2005

Electronic Signature of Signing Officer or Director

Date