

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000068365**

1. Corporation Name

**DREAM WEAVER UNLIMITED, INC.**

Principal Place of Business

211 DORIS DRIVE  
LAKELAND FL 33813

Mailing Address

325 DORIS DRIVE  
LAKELAND FL 33813  
US

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

08/07/1997

5. FEI Number

59-3461795

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	4 City / State / Zip
PSTD	MCCORMICK HERNANDEZ, LISA	325 DORIS DRIVE	LAKELAND FL 33813

400023819904  
10/15/03--01059--011 \*\*150.00

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-10-03 823-521-1338

CR2E040 (7/03)

10-10-2003

To: Florida Department of State

From: Lisa Hernandez LMT

Reason: Dissolution of Business

To Whom It May Concern:

I received my dissolution notice last night mailed to my current address.  
~~This address is 917 Fairlington Drive, Lakeland, FL 33813.~~

The address that is listed on the document is my old address:  
325 Doris Drive, Lakeland, FL 33813.

I'm guessing the notices of payment were mailed to the old address because I would have paid immediately upon receiving to avoid any penalties.

If you look at my past record you would see that I have always paid ASAP and I believe one year I even paid twice and you had to send me a check back.

I have solved this problem of mailing error by getting a P.O. Box.

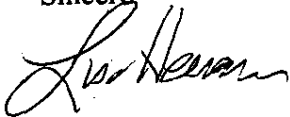
I hope you will allow me this request to pay the regular billing fee.

I would be timely grateful.

I called the office and they advised me to write a letter and send the regular billing fee, which is enclosed.

Thank you for your time.

Sincere



Lisa Hernandez LMT