

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000070660

FILED  
Sep 30, 2008  
Secretary of State

Entity Name: TDS DREAM, INC.

**Current Principal Place of Business:**

12606 HENDERSON ROAD  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

12606 HENDERSON ROAD  
TAMPA, FL 33625

**New Mailing Address:**

FEI Number: 59-3479282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KARNISKI, WALT MD  
12606 HENDERSON RD  
TAMPA, FL 33625 US

**Name and Address of New Registered Agent:**

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: WALT KARNISKI, MD

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: DELANEY, LOIS  
Address: 11750 PARK BLVD  
City-St-Zip: SEMINOLE, FL 33772

Title: P ( ) Delete  
Name: KARNISKI, WALT  
Address: 4331 CARROLLWOOD VILLAGE DRIVE  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WALT KARNISKI, MD

Electronic Signature of Signing Officer or Director

DR

09/30/2008

Date