PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** JEON OF CORPORATIONS Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS **DOCUMENT#** P97000073398 99 JUL 26 AMII: 11 1. Corporation Name DREAM HOME BUILDERS. INC. Principal Place of Business Mailing Address 852 104TH AVE., N. 852 104TH AVE., N. NAPLES FL 34108 NAPLES FL 34108 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qual To Do Business in Florida 08/15/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-3462139 Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip PD 852-104th Ave N. Mack Brodhead Naples FL 34108 400002953264---1 <del>-08/06/93--01090--008</del> \*\*\*\*900.00 \*\*\*\*900.80 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 18trohl STROHL, TAMMY 1010 5TH AVE., N. HILDOA NAPLES FL 34108 10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Stackl Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes LI No 🔯 Intangible Personal Property tax due June 30. 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 filling 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

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Daytime Phone #

高级 医电影性 人名法巴勒克

WRE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: