

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 OCT -2 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98 0000 49125

1. Corporation Name

Amsterdam Dreams

2. Principal Office Address

1301 E HWY 436 suite B

Suite, Apt. #, etc.

B

City & State

Altamonte Springs

Zip

32701

Country

USA

3. Mailing Office Address

1301 E HWY 436 suite B

Suite, Apt. #, etc.

B

City & State

Altamonte Springs

Zip

32701

Country

USA

REINSTATEMENT

300008242813-4

-10/08/02--01001--004

***1050.00 ***1050.00

4. Date Incorporated or Qualified
To Do Business in Florida

6/02/98

5. FEI Number

593514299

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dwayne Edwards

Street Address (P.O. Box Number is Not Acceptable)

310 S. Edgemon Ave.

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

32708

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

Dwayne Edwards

Date 6/21/02

REGISTERED AGENT MUST SIGN

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
Director	Dwayne Edwards	310 S. Edgemon Ave.	Winter Springs FL 32708

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:

Dwayne Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/21/02 1401-327-5830

Date

Daytime Phone #