

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 30 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000052185**

1. Corporation Name

Five Star Dream, Inc.
6010 Homeland Rd.
Lake Worth, FL 33467

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6010 Homeland Rd.

Lake Worth, FL 33467

**4. Date incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3565874

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200008838252

11/06/02--01126--008 **150.00

7. Name and Address of Current Registered Agent

Name

Carl S. Pitter

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

7447 N.W. 57th St.

Suite, Apt. #, Etc.

City

Tamarac

State
FL

Zip Code

33319

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

REGISTERED AGENT MUST SIGN

Date

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
President	Robert J. Morden	6010 Homeland Rd.	Lake Worth, FL 33467
V. President	Suzely Estime	10697 Pelican Way	Wellington, FL 33467

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Morden

10/29/02 (501) 793-8647

Date

Daytime Phone #

CR2E081 (8/01)

10/29/02

Ms. Eula Peterson
Secretary of State
Division of Corporation
409 East Gaines St.
Tallahassee, FL 32399

Dear Ms. Eula Peterson,

Per our phone conversation we moved in Dec. 17, 2001,
therefore, we never recieved our renewal form in the
mail for Five Star Dream Corporation, Inc.

P 98000052185 FEI Number 519-3565874.

As you requested I am enclosing \$150.00 check and
reinstatement application. If you have any further
questions please call me at (561) 793-8647.

Sincerely,
Agnes Morda