

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 JUN -2 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000079337

1. Corporation Name

DREAMMAKER DEVELOPMENT, INC.

Principal Place of Business

5042 SKYLARK COURT  
PENSACOLA FL 32505

Mailing Address

5042 SKYLARK COURT  
PENSACOLA FL 32505

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/14/1998

5. FEI Number

59-353-5516

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	Larry Roper	5042 Skylark Ct	Pensacola FL 32505
T	Letisha Roper	5042 Skylark Ct	Pensacola FL 32505
VP	Calvin Crenshaw	10373 McArthur Ln	Cantonment FL 32566
S	Sebrina Crenshaw	10373 McArthur Ln	Cantonment FL 32566
REINSTATEMENT 99-00 TS 02/22/99 150.00 90076 wle			

8. Name and Address of Current Registered Agent

WHIBBS, SUZANNE N  
421 NORTH PALAFOX STREET  
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name Larry Roper  
Street Address (P.O. Box Number is Not Acceptable)  
5042 Skylark Court  
Suite, Apt. #, Etc. Pensacola 600003342936--0  
City Pensacola -08/01/00 State FL Zip Code 030  
\*\*\*\*750.1FL 8045000

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.

Signature of  
Registered Agent

Letisha Roper SIGNATURE REQUIRED

Date 6/1/00

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:

Larry Roper SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/00

Date

850341-3776

Daytime Phone #

CR2040 (8/99)