1 of 2

H04000203638 3 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000000921

1. Corporation Name
A DIGITAL DREAM, INC.

REINSTATEMENT 2004

2. Principal Office Address	3. Mailing Office Address
733 S.W. 110 LANE	SAME
Suite, Apt. #, etc.: 206	Suite, Apt. #, etc.:
City & State: PEMBROKE PINES, FL	City & State:
Zip: 33025 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 1999

5. FEI Number: 650890654 Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: FOLGER, DAVID

Street Address (P.O. Box Number is Not Acceptable): 733 S.W. 110 LANE,

Suite, Apt. #, Etc.: 206

City: PEMBROKE PINES, State: FL Zip Code: 33025

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: David Folger Date: 10/12/04
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
PD	FOLGER, DAVID	733 S.W. 110 LANE #206	PEMBROKE PINES, FL 33025

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: David Folger 10/12/04 305 992 5106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

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Division of Corporations
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From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

A DIGITAL DREAM, INC.

Certificate of Status	0
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