

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris,

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 DEC -1 AM 9:53

DOCUMENT # P99000038293

1. Corporation Name

TO CATCH A DREAM, INC.

Principal Place of Business

Mailing Address

2970-2A NW 55 AVENUE  
LAUDERHILL FL 33313

2970-2A NW 55 AVENUE  
LAUDERHILL FL 33313



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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/26/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0914868

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	STEIN, SHELDON	2970-2A NW 55 AVENUE	LAUDERHILL FL 33313
			200003500362--1 -12/13/00--01100--017 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SERCHAY, ALLAN  
5300 NW 33RD AVE #117  
FORT LAUDERDALE FL 33309

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/26/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-26-2000 954-735-0807

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To Catch A Dream Inc.  
2970 NW 55<sup>th</sup> Ave Suite 2A  
Lauderhill, FL 33313

October 20, 2000

Re. Application For Reinstatement Doc. #P99000038293

To whom it may concern,

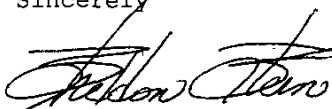
On April 27th 2000, I returned my Corporate Papers along with a personal check (#1071) for \$150.00. Apparently, your office never received the check and papers.

Due to a serious medical problem in my family, which sadly consumed most of my time, I unfortunately was remiss in reconciling my bank statements to see if the check had cleared. Until I received your notice of Dissolution of Corporation, I was totally unaware any problem had existed.

Please do what you can to reinstate my Corporation as I am enclosing another check for \$150.00.

Thanking you in advance for your cooperation.

Sincerely,



Sheldon Stein  
President