

DOCUMENT # P99000095995

DREAM QUEST MANAGEMENT, INC.

FILED

01 JAN -9 AM 8:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

5/8/00 90080006 \$150.00

1. Principal Place of Business 2044 S. BELCHER RD. CLEARWATER FL 33764		Mailing Address P.O. BOX 4400 SEMINOLE FL 33775-4400	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☒ Added For ☐ Not Applicable5. Certificate or Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSTON, PAUL D 2044 S. BELCHER RD. CLEARWATER FL 33764		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when removing) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, PAUL D			NAME			
STREET ADDRESS	2044 S. BELCHER RD.			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33764			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* PRESIDENT 4/21/00 (727) 480-8710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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PAUL D. JOHNSTON
Post Office Box 4400
Seminole, Florida 33775
(727)480-8710

January 5, 2001

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Dream Quest Management, Inc.; Document # P99000095995

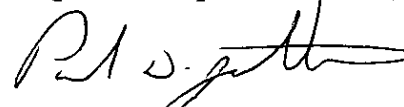
Dear Division of Corporations:

I have received your Certificate of Administrative Dissolution or Revocation dated September 22, 2000. The certificate indicates that this action was taken because of a failure to file the 2000 corporation annual report/uniform business report (UBR). Please be advised that a 2000 UBR was mailed to your office on April 21, 2000 along with a check for the required fee of \$150.00. This report was apparently received by your office since the referenced check was deposited by your office on May 4, 2000.

I have attached a copy of the UBR and cancelled check for your review. I request that your office vacate the certificate of dissolution and return the corporation to an active status. Please advise me if there are any further problems.

Thank you in advance for your attention to this matter.

Respectfully Submitted,



Paul D. Johnston,
President