

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 FEB 25 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000100493

1. Corporation Name

AMERICAN DREAM SERVICES, INC.

Principal Place of Business

~~3114 IVEL DRIVE~~  
~~ORLANDO FL 32806~~

Mailing Address

~~3114 IVEL DRIVE~~  
~~ORLANDO FL 32806~~

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

2. New Principal Office Address, If Applicable

6904 Aloma Ave

Suite, Apt. #, etc.

City & State  
Winter Park, FL

Zip 32792 Country ORANGE

3. New Mailing Office Address, If Applicable

6904 Aloma Ave

Suite, Apt. #, etc.

City & State  
Winter Park, FL

Zip 32792 Country ORANGE

REINSTATEMENT 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/1999

5. FEI Number

59-3641189

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3            | City / State / Zip<br>4                       |
|---------------|---|---|---|
| D             | CAMPBELL, ALBERT D                        | <del>20190 DIXIE BELLE DRIVE</del> #1016<br>3733 N. GOLDEN ROD RD | ORLANDO FL 32812<br>Winter Park, FL 32792     |
| D             | VINCE, MARILYN J<br>AL J. Campbell        | <del>3114 IVEL DRIVE</del><br>431 E. CENTRAL BLVD #515            | ORLANDO FL 32806<br>Orlando FL 32801          |
| D             | ANTHONY Campbell                          | 431 E. CENTRAL BLVD #515  | Orlando, FL 32801                             |
|               |   |   | 300013043869<br>02/24/03--01089--016 **900.00 |
|               |   |   |   |
|               |   |   |   |
|               |   |   |   |

8. Name and Address of Current Registered Agent

CAMPBELL, ALBERT D  
~~20190 DIXIE BELLE DRIVE~~  
~~ORLANDO FL 32812~~

9. Name and Address of New Registered Agent

Name

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

3733 N. GOLDEN ROD RD

Suite, Apt. #, Etc.

#1016

City

Winter Park

State

FL

Zip Code

32792

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

2/19/03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT D. Campbell

Date

Daytime Phone #

2/19/03 (407) 681-9721

CR2E040 (8/02)