

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 Mailing Address
~~3114 IVEL DRIVE~~ ~~ORLANDO FL 32806~~
~~3114 IVEL DRIVE~~ ~~ORLANDO FL 32806~~



REINSTATEMENT 02-03

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.

3. New Mailing Office Address, If Applicable
 6904 Aloma Ave
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
 11/15/1999

City & State
 Winter Park, FL
 Zip 32792 Country ORANGE

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 Winter Park, FL
 Zip 32792 Country ORANGE

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CAMPBELL, ALBERT D	20190 DIXIE BELLE DRIVE #1016 3733 N. GOLDEN ROD RD	ORLANDO FL 32812 Winter Park, FL 32792
D	VINCE, MARILYN J AL J. Campbell	3114 IVEL DRIVE 431 E. CENTRAL BLVD #515	ORLANDO FL 32806 Orlando FL 32801
D	ANTHONY Campbell	431 E. CENTRAL BLVD #515	Orlando, FL 32801

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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)