

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 DEC 30 AM 9: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000022285

1. Limited Liability Company's Name

AMERICAN DREAM, L.L.C.

2. Principal Office Address

4903 Sheridan Street

Suite, Apt. #, etc.

3. Mailing Office Address

SATUE

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Zip

33021

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA - USA

5. Date Organized or Qualified To Do Business in Florida

20/12/01

6. FEI Number

03-0373998

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

THIERRY DESORMEAUX

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

4903 Sheridan Street

Suite, Apt. #, Etc.

City

Hollywood, FL 33021

State

FL

Zip Code

33021

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/10/04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGR</u>	<u>THIERRY DESORMEAUX</u>	<u>1590 Sweetbay Way</u> <u>Hollywood, FL 33019</u>	
<u>MGR</u>	<u>PATRICIA DESORMEAUX</u>	<u>SAME</u>	
			<u>200042705446</u> <u>11/12/04--01074--026 **200.00</u>
			<u>200043729607</u> <u>12/30/04--01018--006 **50.00</u>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

[Signature]

Date

12/10/04

Daytime Phone #

(904) 559 1833

Typed or printed name of signing Managing Member/Manager

THIERRY DESORMEAUX

CRP541 (1/02)