

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000003430

**FILED**  
**Oct 18, 2004**  
**Secretary of State**

**Entity Name:** EXPRESSIONS OF DREAMS, LLC

**Current Principal Place of Business:**

6866 NW 173 DR., UNIT 605  
HIALEAH, FL 330155509

**New Principal Place of Business:**

**Current Mailing Address:**

6866 NW 173 DR., UNIT 605  
HIALEAH, FL 330155509

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ARZOLA, DORIS  
6866 NW 173 DR., UNIT 605  
HIALEAH, FL 330155509 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR                      ( ) Delete  
Name: ARZOLA, DORIS  
Address: 6866 NW 173 DR., UNIT 605  
City-St-Zip: HIALEAH, FL 330155509

Title: MGR                      ( ) Delete  
Name: GENNARI, MARCELO O  
Address: JALAN 6 LOT 523 AMPANG UTAMA 68000 SELANGO  
City-St-Zip: KUALA LUMPUR, MALAYSIA,

**ADDITIONS/CHANGES:**

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DORIS ARZOLA

MGR

10/18/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date