


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR -8 AM 10: 24

DOCUMENT # L05000097075					
1. Entity Name DARE TO DREAM CREATIONS, LLC					
Principal Place of Business 5214 34TH AVE. W. BRADENTON, FL 34209		Mailing Address PO BOX 3319 SARASOTA, FL 34230			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>5214 34th Ave. W.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Bradenton, FL</b>		02072008 REIN-LLC CR2E101 (1/07)	
Zip		Country		4. FEI Number 20-3718253	
Zip <b>34209</b>		Country <b>Manatee</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BELFIGLIO, LUCIANA I MS 5214 34TH AVE W BRADENTON, FL 34209-6308			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		<i>Luciana I. Belfiglio</i>		DATE <b>4-1-08</b>	
<small>Signature, typed or printed name of registered agent and title, if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>FILE NOW!!! FEE IS \$377.50</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELFIGLIO, LUCIANA I MS PO BOX 3319 SARASOTA, FL 34230	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700122303337 04/07/08--01008--011 ***327.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELFIGLIO, ROBERT J MR PO BOX 3319 SARASOTA, FL 34230	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	01-28-2008 90069 024 ****55.00 L05000097075	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <b>2007-2008</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Luciana I. Belfiglio</i>			DATE: <b>4-1-08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 APR -8 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 7, 2008

DARE TO DREAM CREATIONS, LLC  
5214 34TH AVE. W.  
BRADENTON, FL 34209

SUBJECT: DARE TO DREAM CREATIONS, LLC  
Ref. Number: L05000097075

We have received your document for DARE TO DREAM CREATIONS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The registered agent must sign accepting the designation.

The total amount due to reinstate is \$377.50.

There is a balance due of \$322.50.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 308A00008225