

2005
2004

LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2005 FEB 17 P 3: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L03000015487					
1. Entity Name DREAM SPACE LLC					
Principal Place of Business 14237 SW 165 STREET MIAMI, FL 33177			Mailing Address 14237 SW 165 STREET MIAMI, FL 33177		
2. Principal Place of Business 1100 West Avenue Suite, Apt. #, etc. 1506		3. Mailing Address 1100 West Avenue Suite, Apt. #, etc. 1506			
City & State Miami Beach, FL		City & State Miami Beach, FL		4. FEI Number 16-1666508	
Zip 33139		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				12222004 REIN-LLC CR2E101 (6/04)	
6. Name and Address of Current Registered Agent OCAMPO, JORGE 9744 SW 114 COURT MIAMI, FL 33176			7. Name and Address of New Registered Agent Name Ocampo, Jorge Street Address (P.O. Box Number is Not Acceptable) 1100 West Avenue #1506 City Miami Beach FL Zip Code 33139		
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 (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THOMASON, MARK 9744 SW 114 COURT MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500043633835 12/27/04--01048--013 **\$5.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM OCAMPO, JORGE 9744 SW 114 COURT MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Ocampo, Jorge 1100 West Ave #1506 Miami Beach, FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Maria Soley Hoyos 14369 SW 166 Street Miami, FL 33177	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200047310532 02/25/05--01048--016 **\$50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify 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 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:			12-22-04 786 2583164		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		