

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000102863

**Entity Name:** DREAM REDEVELOPMENT, LLC

**Current Principal Place of Business:**

399 MORNING CREEK CIRCLE  
APOPKA, FL 32712

**Current Mailing Address:**

399 MORNING CREEK CIRCLE  
APOPKA, FL 32712 US

**FEI Number: 82-1498145**

**Certificate of Status Desired: No**

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

NELSON, DOUGLAS  
399 MORNING CREEK CIRCLE  
APOPKA, FL 32712 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: DOUGLAS NELSON**

**01/23/2020**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name NELSON, DOUGLAS  
Address 399 MORNING CREEK CIRCLE  
City-State-Zip: APOPKA FL 32712

Title AMBR  
Name NELSON, BARBARA  
Address 201 NEEDLES TRAIL  
City-State-Zip: LONGWOOD FL 32779

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DOUGLAS NELSON**

**01/23/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date