

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JUN 17 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L00000002296

1 Limited Liability Company's Name

DREAMLAND PROPERTIES, LLC

MJH

2. Principal Office Address  
717 Wessex Place

3. Mailing Office Address  
717 Wessex Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Orlando, FL

City & State  
Orlando, FL

Zip 32803

Country USA

Zip 32803

Country USA

4. State/Country of Formation

Florida/Orange

5. Date Organized or Qualified  
To Do Business in Florida 2/29/2000

6. FEI Number  
59-3624625

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  
MAUREEN HAGGERTY

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

Suite, Apt. #, Etc.

City Orlando

State  
FL

Zip Code 32803

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

Date 6-5-02

REGISTERED AGENT MUST SIGN

**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
MGRM	Maureen Haggerty	717 Wessex Place	Orlando, FL 32803
MGRM	Erin Sims	313 Niblick Avenue	Orlando, FL 32804
			500005912685
			-06/21/02--01078--019
			****200.00 ****200.00
			REINSTATEMENT 2001-2002

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

Date 6-5-02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager