

L0000002296

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 17 PM 4:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

DOCUMENT # L00000002296

1. Limited Liability Company's Name
DREAMLAND PROPERTIES, LLC

2. Principal Office Address
717 Wessex Place

3. Mailing Office Address
717 Wessex Place

2001-2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation
Florida/Orange

City & State
Orlando, FL

City & State
Orlando, FL

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

Zip 32803

Country USA

Zip 32803

Country USA

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

150.00 - Adm

50.00 - CF

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 *Maureen Haggerty* 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 *Maureen Haggerty* Date 6-5-02 Daytime Phone #
Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)