▲ Tear Here ▲ ▲ Tear Here ▲ ▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000012693

APPLICATION FOR REINSTATEMENT

FILED
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

03 FEB -6 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000012693

Name and Mailing Address

0007401 01 FP 0.352 **PRSRT T3 0 0615 32444-115050

DREAM BUILDERS, L.L.C.
P.O. BOX 1150
LYNN HEAVEN FL 32444-1150

900008804859
11/05/02--01039--017 **155.00

700009331467
12/04/02--01008--001 **50.00

CR2E084 (8/02)

2. New Mailing Address
P.O. Box 1150

City, State, Zip
Lynn Haven, FL 32444

FL

5. Date Organized or Qualified To Do Business in Florida 10/13/2000

Principal Place of Business
806 DETROIT AVENUE
PANAMA CITY FL 32401

3. New Principal Place of Business Address
7615 E. Hwy 20

City, State, Zip
Youngstown, FL 32466

6. FEI Number 59-3682236 ~~APPLIED FOR~~ | 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	**9. Name and Address of New Registered Agent**
BURCHFIELD, CHRIS 806 DETROIT AVENUE PANAMA CITY FL 32401	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

10. 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 _____
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BURCHFIELD, CHRIS	~~806 DETROIT AVE.~~ 7615 E. Hwy 20	~~PANAMACITY FL 32401~~ Youngstown, FL 32466
MEM	MCMILLIAN, DARRYL	203 COMMERCE CIR.	DECATUR AL 35601

REINSTATEMENT 2002-2003

12. 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 10/22/02 Daytime Phone # (850) 722-4220

Typed or printed name of signing Managing Member/Manager Chris Burchfield