

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L01 000014756**

**FILED**

02 DEC -9 AM 11:22

1. DOCUMENT # L01000014756

Name and Mailing Address

0007538 01 FP 0.352 \*\*PRSR T3 0 0615 33071-561019



DREAMLINK INVESTMENT GROUP, L.L.C.  
10619 W ATLANTIC BLVD  
SUITE 104  
CORAL SPRINGS FL 33071-5610

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
8500009413048  
12/09/02--01025--007 \*\*155.00



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> FL	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 08/21/2001		<b>6. FEI Number</b> 59-3742102	
<b>Principal Place of Business</b> 10619 W ATLANTIC BLVD SUITE 104 CORAL SPRINGS FL 33701		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>8. Name and Address of Current Registered Agent</b> ZAGAROLO, NICOLA L ESQ 3800 NE THIRD AVE POMPANO BEACH FL 33432	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		<b>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.</b> Signature of Registered Agent <i>[Signature]</i> Date 12/31/02 REGISTERED AGENT MUST SIGN	
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BATTOO, NIKOLAI	10619 W ATLANTIC BLVD SUITE 104	CORAL SPRINGS FL 33701
<b>REINSTATEMENT 2002</b>			
12/10/02			

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

*[Signature]*

Date 12-21-02

Daytime Phone # (954) 796 4269

Typed or printed name of signing Managing Member/Manager

NIKOLAI BATTOO

CR2E084 (8/02)