

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -6 PM 4:40

DOCUMENT # **L01000017552**

1. Limited Liability Company's Name

DREAM INTERIORS, LLC

9/26/03

600023671796
10/09/03--01070--008 **150.00

2. Principal Office Address

2709 ALLEN ROAD

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32312

Country

USA

3. Mailing Office Address

2709 ALLEN ROAD

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32312

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/12/2001

6. FEI Number

59-3752065

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

DARQUES VIKER

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

3502 LIMERICK DRIVE

Suite, Apt. #, Etc.

City

TALLAH

State

FL

Zip Code

32309

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

[Signature]

Date **10/6/03**

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
MEM	DARQUES VIKER	3502 LIMERICK DRIVE TALLAHASSEE, FL 32309	TALLAHASSEE, FL 32309

REINSTATEMENT

2003

BSK

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

[Signature]

Date **10/6/03**

Daytime Phone # **850-386-4573**

Typed or printed name of signing Managing Member/Manager **DARQUES VIKER**

CR20041 (9/01)