


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

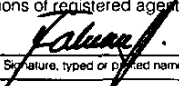
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DOCUMENT # L02000034671		
1. Entity Name BERT DREAMS, LLC		

Principal Place of Business 5151 COLLINS AVENUE #1525 MIAMI BEACH, FL 33140 US	Mailing Address 5151 COLLINS AVENUE #1525 MIAMI BEACH, FL 33140 US
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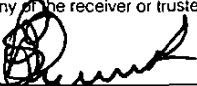
2. Principal Place of Business 20505 E. COUNTRY CLUB DR. Suite, Apt. #, etc. # 1137 City & State AVENTURA, FL Zip 33180 Country US	3. Mailing Address 20505 E. COUNTRY CLUB DR. Suite, Apt. #, etc. # 1137 City & State AVENTURA, FL Zip 33180 Country US
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6. Name and Address of Current Registered Agent MANUEL DINER, P.A. 141 N. E. 3RD AVENUE SUITE 601 MIAMI, FL 33132		7. Name and Address of New Registered Agent Name JALEIQ ACCOUNTING CORP. Street Address (P.O. Box Number is Not Acceptable) 12355 NE. 13 AVENUE # 103 City NORTH MIAMI FL Zip Code 33161	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	MILTON F. QUINTERO PRESIDENT ACCT. (NOTE: Registered Agent signature required when reinstating) DATE 10-27-2005

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERTISCH, SERGIO 5151 COLLINS AVENUE #1525 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700061044947 10/31/05--01045--019 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2005 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	SERGIO BERTISCH MGRM Date OCT/27/2005 Daytime Phone # 305-305-0340