2007 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT					FILI SECRETARY	cU Omorana	
DOCUMENT #L04000057126				No.	SECRETARY DIVISION OF SC	UF STATE RPORATIONS	
Sentity Name AMBITIOUS HOLDINGS, LLC							
					07 FEB 12	Aff IU: 52	
Principal Plac	e of Business	Mailing Address					
2118 E. CON ORLANDO, F		2118 E. CONCORD ST. ORLANDO, FL 32803	US				
OKLANDO, I	L 32003 03	OKENNOO, 11 32003	UJ	(1) (1) (1)	AN ARIK BIRN RAIK BANKARIK PRITI B		
Principal Place of Business - No P.O. Box # 3. Mailing Address							
Suite, Apt.	<u>Central Blvd</u> #. etc.	Suite, Apt. #, etc.		-			
#246 City & State		#246 City & State		02012007		R2E101 (1/07)	
Orlan		Orlando, FL		4. FEI Num 52-24	16177	Applied For Not Applicable	
3280	Country USA	3280 1	Country USA	5. Certifica	te of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Current I	nd Address of New Register	·				
DUEEASE, HEATHER				ddiana (D.O. Barristia	about Nick According		
2118 E. CONCORD ST. ORLANDO, FL 32803			- · · · · · · · · · · · · · · · · · · ·	Street Address (P.O. Box Number is Not Acceptable) 42.4 F.Central Blva			
			City C	746			
The shows named entity submits this statement for the oursees of changing its society.				Orlando FL Zip Code grapitate de aproprio de la constanta de			
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. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$100.00 In accordance with s. 607.193(2)(b), F.S., the liability company did not receive the prior not					1	ck payable to artment of State	
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/CHAN	GES /	
TITLE NAME	MGR DREAM BUSINESS GROUP, INC	Delete	TITLE NAME			X Change Addition	
STREET ADDRESS CITY-ST-ZIP	2118 E. CONCORD ST. STRE			(C. COSTAIN T. T.			
TITLE	ORLANDO, FL 32803 MGRM	□ Delete	CITY-ST-ZIP TITLE	Orlando,	FL32801	Change Addition	
NAME STREET ADDRESS	DUEEASE, HEATHER		NAME	45466	h- 1721d	Corongo C. Madillon	
CITY-ST-ZIP	2118 E. CONCORD ST. ORLANDO, FL 32803		STREET ADORESS CITY-ST-ZIP	Orlando,	itral Blud EL 32801		
TITLE		☐ Delete	TITLE	<u> </u>		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADORESS	กล	700088 44 75/07010400	!7710 ⁹⁰² ************************************	
CJTY-ST-ZIP			CITY-ST-ZIP	361	10101 01010 1		
TITLE NAME		☐ Delete	TITLE NAME			Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	8 11/1/12	EMENTAL	11 /1/ 11-	
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS				
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information							
indicated on this report is true and actural, 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 combains or the receiver or justee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: 2-1-07-321-296-3870							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE CALLS Daylaring Prioring #							