


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000062149		
1. Entity Name FLORIDA DREAMMAKERS, LLC		

Principal Place of Business 540 WATER STREET CELEBRATION, FL 34747	Mailing Address 540 WATER STREET CELEBRATION, FL 34747
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2. Principal Place of Business - No P.O. Box # 623 Front St.	3. Mailing Address 623 Front St.
Suite, Apt. #, etc. Unit 5206	Suite, Apt. #, etc. Unit 5206
City & State Celebration FL	City & State Celebration FL
Zip 34747	Country USA

FILED  
2009 MAR 24 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03032009 REIN-LLC CR2E101 (1/07)	
4. FEI Number 76-0764323	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CURTIS, KEVIN A 540 WATER STREET CELEBRATION, FL 34747	
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7. Name and Address of New Registered Agent Name Michael A. Peck Street Address (P.O. Box Number is Not Acceptable) 623 Front St. Unit 5206 City Celebration FL Zip Code 34747	
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 <u>Michael A. Peck</u> Registered Agent DATE 3-23-09	

FILE NOW!!! FEE IS \$377.50	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	MGR CURTIS, KEVIN A 906 SPRING PARK LOOP CELEBRATION, FL 34747 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Michael A. Peck 623 Front St. Unit 5206 Celebration FL 34747 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300147190143 03/24/09--01031--012 **\$377.50 <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
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REINSTATEMENT

08-09  
C.L.

11. I hereby certify that the information supplied with this filing 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 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: <u>Michael A. Peck</u> Managing Member SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 3-23-09 Daytime Phone # 717.940.9928