

2007 LIMITED LIABILITY COMPANY REINSTATEMENT


FILED

07 NOV 27 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10152007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L04000064794		
1. Entity Name CARIBBEAN DREAM, LLC		

Principal Place of Business 4458 OCEAN VIEW DRIVE DESTIN, FL 32541 US	Mailing Address P. O. BOX 7039 DESTIN, FL 32540 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4458 Ocean View Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Destin FL	
Zip 32541	Country	Zip 32541	Country USA

4. FEI Number 80-0119497	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DOWD, JOHN R JR 285 HIGHWAY 98 EAST SUITE A DESTIN, FL 32541		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	

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  (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	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 WALLACE, JERRY 4458 OCEAN VIEW DRIVE DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000112473920 11/21/07--01008--002 **50.00
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
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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:  **11/1/07 850-837-0422**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #