2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB -8 AM 9:07

DOCUMENT # L04000069677

1. Entity Name
SWEET DREAMS INN, LLC

Principal Place of Business
910 E. MEMORIAL BLVD
LAKELAND, FL 33801 US

Mailing Address
13936 EDEN ISLE BOULEVARD
WINDERMERE, FL 34786 US

01312006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 61-1476346 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CHIANG, GEORGE Y
13936 EDEN ISLE BOULEVARD
WINDERMERE, FL 34786

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	CHIANG, GEORGE Y	NAME	CHIANG, GEORGE Y
STREET ADDRESS	~~13936 EDEN ISLE BOULEVARD~~	STREET ADDRESS	910 E. MEMORIAL BLVD
CITY-ST-ZIP	~~WINDERMERE, FL 34786~~	CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	MGR ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	CHIANG, SANDRA	NAME	CHIANG, SANDRA
STREET ADDRESS	~~13936 EDEN ISLE BOULEVARD~~	STREET ADDRESS	910 E. MEMORIAL BLVD
CITY-ST-ZIP	~~WINDERMERE, FL 34786~~	CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	400066208074
STREET ADDRESS		STREET ADDRESS	02/20/06--01059--001 **100.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	REINSTATEMENT 05-06
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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