

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000071786

Entity Name: VISIONS AND DREAMS LLC

FILED  
Nov 13, 2006  
Secretary of State

## Current Principal Place of Business:

9723 HAMMOCKS BLVD  
105  
MIAMI, FL 33196 US

## New Principal Place of Business:

## Current Mailing Address:

9723 HAMMOCKS BLVD  
105  
MIAMI, FL 33196 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARRETO, YAREMI M  
9723 HAMMOCKS BLVD  
105  
MIAMI, FL, FL 33196 US

## Name and Address of New Registered Agent:

ACREE, YAREMI B  
9723 HAMMOCKS BLVD  
105  
MIAMI, FL, FL 33196 US

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.

SIGNATURE: YAREMI B. ACREE

11/13/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BARRETO, YAREMI M  
Address: 9723 HAMMOCKS BLVD APT. 105  
City-St-Zip: MIAMI, FL 33196 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ACREE, YAREMI M  
Address: 9723 HAMMOCKS BLVD APT. 105  
City-St-Zip: MIAMI, FL 33196 US

Title: IT ( ) Change (X) Addition  
Name: ACREE, ANTHONY S  
Address: 9723 HAMMOCKS BLVD # 105  
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: YAREMI B. ACREE

MGR

11/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date