

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000071786

**Entity Name:** VISIONS AND DREAMS LLC

**FILED**  
**May 10, 2010**  
**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ACREE, YAREMI B  
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 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

05/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ACREE, YAREMI B  
Address: 9723 HAMMOCKS BLVD APT. 105  
City-St-Zip: MIAMI, FL 33196 US

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

I hereby 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

05/10/2010

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