

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 DEC -4 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #L04000086262

1. Limited Liability Company's Name

Dream Habitations LLC

*BK*  
*2005*

CR2E041 (8/05)

2. Principal Office Address

8710 W. Hillsborough Ave.

Suite, Apt. #, etc.

No. 200

City & State

Tampa, Florida

Zip

33615

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Florida / US

5. Date Organized or Qualified  
To Do Business in Florida

November 30, 2004

6. FEI Number

20-1958903

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Aman Law Firm

Street Address (P.O. Box Number is Not Acceptable)

14001 N. Dale Mabry Hwy.

Suite, Apt. #, Etc.

City

Tampa

State  
FL

Zip Code  
33618

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date December 1, 2006

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Patricia Burck	3703 Cattail Greens Court	Glenwood, Maryland 21738
			700082540407 12/14/06--01016--009 **205.00
			REINSTATEMENT 2005-2006

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

*[Signature]*

Date

12/1/06

Daytime Phone #

813 265 0004

Typed or printed name of signing Managing Member/Manager

Jeffrey A. Amen, Attorney