

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 21 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600161901616
10/19/09--01064--012 **282.50

CR2E041 (10/08)

DOCUMENT # **L05000021928**

1. Limited Liability Company's Name

LEISURE DREAMS, LLC

2. Principal Office Address - No P.O. Box #

11591 48TH AVE N

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33708

Country

USA

3. Mailing Office Address

700 W. HARBOR DRIVE

Suite, Apt. #, etc.

UNIT # 2902

City & State

SAN DIEGO, CA

Zip

92101

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida

3-3-05

6. FEI Number

56-2505363

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

TIM TAYLOR

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

11591 48TH AVE N

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33708

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Tim Taylor

Date **10/12/09**

REGISTERED AGENT MUST SIGN

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
MGRM	TIM TAYLOR	11591 48 TH AVE N	ST. PETERSBURG, FL 33708

REINSTATEMENT 2008-09

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 608.406, 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

Tim Taylor

Date **10/12/09**

Daytime Phone# **813-545-4348**

Typed or printed name of signing Managing Member/Manager

TIM TAYLOR