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09 FEB 24 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L050000630253</u> 1. Limited Liability Company's Name CALIFORNIA DREAMING, LLC			
2. Principal Office Address - No P.O. Box # 5190 Neil Road Suite, Apt. #, etc. Suite 430 City & State Reno, NV Zip 89502		3. Mailing Office Address 9 West Twisted Oak Dr Suite, Apt. #, etc. City & State Simi Valley, CA Zip 93065	
Country USA		Country USA	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 03/24/2005	
6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name BUSINESS FILINGS INCORPORATED Street Address (P.O. Box Number is Not Acceptable) 1203 GOVERNORS SQUARE BLVD Suite, Apt. #, Etc. SUITE 101 City TALLAHASSEE			
State FL		Zip Code 32301-2960	
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 <u><i>Ernesta Morarty, Asst. Secretary for Business Filings Incorporated</i></u> Date <u>2/13/09</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	David Harrington	9 West Twisted Oak Dr	Simi Valley, CA 93065
MBR	Randall Stutts	438 Baymount Dr	Statesville, NC 28625
	S. HAWKES		
	FEB 26 2009	REINSTATEMENT	
	EXAMINER	2006-09	
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 608.408, 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 <u><i>David Harrington</i></u> Date <u>2-13-09</u> Daytime Phone # <u>8059108924</u> Typed or printed name of signing Managing Member/Manager <u>DAVID HARRINGTON</u>			

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