

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

THIS FORM
FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # L05000069501

1. Limited Liability Company's Name

American Dream Investments, LLC

2. Principal Office Address - No P.O. Box #
18206 Stillwell Lane

3. Mailing Office Address

Suite, Apt. #, etc.

Suite Ant # etc

City & State

City & State

Zip
33647

B. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
18206 Stillwell Lane

Suite, Apt. #, Etc.

State Zip Code
FL 33647

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 508, F.S.

Signature of
Registered Agent

the registered agent of the above named limited liability company
Anthony J. Scucci
REGISTERED AGENT MUST SIGN

Date 10/27/08

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	Anthony J Leuci	18206 Stillwell Lane	Tampa, FL 33647
MGR	Kristine M Leuci	18206 Stillwell Lane	Tampa, FL 33647
		REINSTATEMENT	07-08
			IA

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

the limited liability company have been paid. The information indicated on
Death.

10/27/08

813-866-8027

Typed or printed name of signing Managing Member/Manager Anthony J Leuci