

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 NOV -4 PM 4: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500137474935  
10/30/08--01020--006 \*\*382.50

CR2E041 (10/08)

**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

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33647

Country

USA

3. Mailing Office Address

18206 Stillwell Lane

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33647

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 2005

6. FEI Number

20-3145059

☒ 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

Anthony J Leuci

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

18206 Stillwell Lane

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33647

☐ 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

*Anthony J. Leuci*  
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

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

*Anthony J. Leuci*

Date 10/27/08

Daytime Phone# 813-866-8027

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