


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 26 AM 10:26

| | | | | | |
|--|---|--|---|--|--|
| DOCUMENT # L05000085685 1. Entity Name DREAM KORP, LLC | | | |  | |
| Principal Place of Business 718 DUVAL STREET KEY WEST, FL 33040 | | | Mailing Address 718 DUVAL STREET KEY WEST, FL 33040 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 10232006 REIN-LLC CR2E101 (11/05) | |
| City & State | | City & State | | 4. FEI Number 20-3384197 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VAN LOON, DAVID ESQ. 3158 NORTHSIDE DRIVE KEY WEST, FL 33040 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u>Mary K. Noonan-Contreras</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | <u>David Van Loon, Esq.</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NOONAN-CONTRERAS, MARY K 718 DUVAL STREET KEY WEST, FL 33040 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 200081254542 10/26/06--01040--003 +\$50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <u>Mary K. Noonan-Contreras</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | <u>10-24-06 (305) 352-0574</u> <small>Date Daytime Phone #</small> | |