2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Aug 17, 2007
Secretary of State

DOCUMENT# L06000000385

Entity Name: DREAMERS LLC

Current Principal Place of Business:

2426 BUTTERFLY PALM DR.
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

2426 BUTTERFLY PALM DR.
NAPLES, FL 34119

New Mailing Address:

C/O PRIMERICA 5 SICOMAC ROAD
SUITE 1A ATTN: MIKE PRESSLER
NORTH HALEDON, NJ 07508

FEI Number: 20-4145039 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CIPOLLA, GERALD
2426 BUTTERFLY PALM DR.
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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.

SIGNATURE: GERALD CIPOLLA

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CIPOLLA, GERALD
Address: 2426 BUTTERFLY PALM DR.
City-St-Zip: NAPLES, FL 34119

Title: MGRM ( ) Delete
Name: PRESSIER, MICHAEL
Address: 2 KRISTEN CT.
City-St-Zip: WAYNE, NJ 07470

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: PRESSLER, MICHAEL
Address: 2 KRISTEN CT.
City-St-Zip: WAYNE, NJ 07470

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL PRESSLER MGRM 08/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date