

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 OCT 16 PM 3: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | | | |
|--|---|--|---|--|--|
| DOCUMENT # L06000028642 1. Entity Name DREAMALITIES CONSTRUCTION, LLC | | | | | |
| Principal Place of Business 4455 WEST ROADS DRIVE WEST PALM BEACH, FL 33407 US | | | Mailing Address 341 WEST 18TH STREET RIVIERA BEACH, FL 33404 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 71-0992502 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MARCH-HALL, SHALONDRA M 913 9TH LANE GREENACRES, FL 33463 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$50.00 After January 1, 2008, 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 | MGR MARCH-HALL, SHALONDRA M 913 9TH LANE GREENACRES, FL 33463 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WEBB, JANNIVE 4455 WEST ROADS DRIVE WEST PALM BEACH, FL 33407 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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. | | | <div style="text-align: center;"> REINSTATEMENT </div> | | |
| SIGNATURE: <u>Shalondra M Hall-Hall</u> | | | Date: <u>10/10/2007</u> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Daytime Phone: <u>842-5500</u> | | |