

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR 19 PM 1:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

DOCUMENT #

1. Limited Liability Company's Name

L07000032722
DREAMLIFE, LLC
44

500171031645
03/02/10--01040--019 **138.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

412 SE 6 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

SAME

Zip

33441

Country

USA

Zip

SAME

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

3/27/07

6. FEI Number

37-1540500

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

GLEN ROSENBERG

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

412 SE 6 AVE

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

☒ 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.

500171031645
03/19/10--01002--024 **138.75

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 2/24/10

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	GLEN ROSENBERG	412 SE 6 AVE	DEERFIELD BEACH, FL 33441
		<i>[Signature]</i>	S. HAWKES
			MAR - 4 2010
			EXAMINED
	REINSTATEMENT	513875	
	2009-10		

11. E-mail Address: GLENROSENBERG77@gmail.com

(To be used for future annual report notifications)

12. 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

[Signature]

Date

2/24/10

Daytime Phone #

561 703 6322

Typed or printed name of signing Managing Member/Manager

GLEN ROSENBERG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2010

DREAMLIFE, LLC
412 SE 6 AVE
DEERFIELD BEACH, FL 33441

SUBJECT: DREAMLIFE,LLC
Ref. Number: L07000032722

We have received your document for DREAMLIFE,LLC and your check(s) totaling \$138.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2009 through 2010;and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$138.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 710A00005381