

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000009760

1. Limited Liability Company's Name

Dream Builders Greatness child Development Cc

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

611 Miccosukee Road

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32308

Country

USA

3. Mailing Office Address

611 Miccosukee Road

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32308

Country

USA

8. Name and Address of Current Registered Agent

Name

Judith Mandrell

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

1911 Chowkeebin Court

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 9-25-2016

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>Director</u>	<u>Gerald Mandrell</u>	<u>1911 Chowkeebin Court</u>	<u>Tallahassee, FL 32301</u>
<u>COO</u>	<u>Carolyn Waddell</u>	<u>3762 Chaseridge Court</u>	<u>Tallahassee, FL 32303</u>
<u>CEO</u>	<u>Danette McBride</u>	<u>1834 Wales Drive</u>	<u>Tallahassee, FL 32303</u>

11. E-mail Address: evang.judy00@hotmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date

9-25-2016

Daytime Phone #

850-212-8805

Typed or printed name of signing authorized representative/member

Judith Mandrell

16 SEP 26 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100290583921
09/26/16--01004--001 **238.75

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number 45-4319843

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

REINSTATEMENT

2016