FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 14 NOV 17 PM 4:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000060870

1. Limited Liability Company's Name
DREAM PROPERTY HOLDING LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1940 Birch Ave	1940 Birch Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Merritt Island, FL	City & State: Merritt Island, FL
Zip: 32953 Country: United States	Zip: 32953 Country: United States

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 04-25-2013

6. FEI Number: ☑ 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: Salah M Elgamil

Street Address (P.O. Box Number is Not Acceptable): 1940 Birch Ave

Suite, Apt. #, Etc.:

City: Merritt Island, State: FL Zip Code: 32953

200266517432

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: Malaka M Abdelkader Date: 11-05-14

REGISTERED AGENT MUST SIGN

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
AMBR	Malaka M Abdelkader	1940 Birch Ave	Merritt Island, FL 32953

REINSTATEMENT NOV 13 2014 R. HUNT

11. E-mail Address:
(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/ Manager: Malaka M Abdelkader 11-05-14 Daytime Phone # 321-720696 77

Typed or printed name of signing Authorized Representative/Manager: Malaka M Abdelkader, Member 321-720696 77

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 341348 7936119

AUTHORIZATION :

COST LIMIT : $ 238.75

ORDER DATE : October 17, 2014

ORDER TIME : 2:26 PM

ORDER NO. : 341348-010

CUSTOMER NO: 7936119

DOMESTIC FILINGS

NAME: DREAM PROPERTY HOLDING LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

RECEIVED
DEPARTMENT OF STATE
14 NOV 13 PM 4:18

CONTACT PERSON: Courtney Williams - Ext# 62935 NOV 13 2014

EXAMINER'S INITIALS R. HUNT