

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

14 DEC 31 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

Dream YearsIV LLC  
Doc # L13000158146

CR2E041 (1/14)

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

21218 Saint Andrews Blvd

Suite, Apt. #, etc.

700

City & State

Boca Raton FL

Zip

33433

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

November 12th 2013

6. FEI Number

46-4076860

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

Keith Youngswick

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

21218 Saint Andrews Blvd

Suite, Apt. #, Etc.

700

City

Boca Raton

State

FL

Zip Code

33433

100267894601  
12/31/14--01024--001 \*\*238.75

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

Date 12/30/14

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
CEO	Jill Youngswick	21218 Saint Andrews Blvd	Boca Raton FL 33433
MGR	Keith Youngswick	21218 Saint Andrews Blvd	Boca Raton FL 33433

11. E-mail Address: KYoungswick@me.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 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

Date 12/30/14

Daytime Phone # 561-756-1519

Typed or printed name of signing Authorized Representative/Manager Keith Youngswick

Reimbursable