

L98000001854

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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT
INTERNATIONAL DREAM HOLIDAYS, L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		(H05000051649 3)	
DOCUMENT # L98000001854							
1. Limited Liability Company's Name INTERNATIONAL DREAM HOLIDAYS, L.C.							
REINSTATEMENT 2001-2005							
2. Principal Office Address 6770 TAFT STREET				3. Mailing Office Address 6770 TAFT STREET			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State HOLLYWOOD, FL				City & State HOLLYWOOD, FL			
Zip 33024		Country USA		Zip 33024		Country USA	
4. State/Country of Formation FLORIDA, USA		5. Date Organized or Qualified To Do Business in Florida 09/15/1998		6. FEI Number 05-0865698		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>						8. <input type="checkbox"/> (Applicable to companies organized in Florida)	
9. Name and Address of Current Registered Agent							
Name SANTOS PENA							
Street Address (P.O. Box Number is not Acceptable) 6770 TAFT STREET							
Suite, Apt. #, Etc.							
City HOLLYWOOD						State FL	Zip Code 33024
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.							
Signature of Registered Agent <i>Santos Pena</i>						Date 02/16/2005	
REGISTERED AGENT MUST SIGN							
10. Name and Street Addresses of Managing Members/Managers							
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager			City / State / Zip		
MGR	CRUZ, BRUNO	6770 TAFT STREET			HOLLYWOOD, FL 33024		
		2001					
		REINSTATEMENT			2005		
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, F.S. I further certify that when filing this reinstatement application the necessary 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 <i>BC</i>						Date 02/18/2005	City/line Phone# 954-384-8140
Typed or printed name of signing Managing Member/Manager BRUNO CRUZ							

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