PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 2001-2002

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY -6 AM 10:22

5/21

DOCUMENT # L99000001020

1. Limited Liability Company's Name
AOUASI DREAMS LC

2. Principal Office Address	**3.** Mailing Office Address
1350 ALTERNATE A1A	S/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter	City & State: FL
Zip: 33469 Country: U.S.	Zip: Country:

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 12/29/97

6. FEI Number: 08981[illegible] ☐ 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: ROBERT A. ROSILLO

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-05/24/02--01012--010
****200.00 ****200.00

Street Address (P.O. Box Number is Not Acceptable): 501 SEA OATS DRIVE

Suite, Apt. #, Etc.: A-1

City: JUNO BEACH State: FL Zip Code: 33408

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: 4/2/02

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/PRES	AOUASI, AZIZ	1350 ALTERNATE A1A	JUPITER, FL 33469

REINSTATEMENT
2001-2002

11. 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: 4/2/02 Daytime Phone: (561) 575-1864

Typed or printed name of signing Managing Member/Manager: AZIZ AOUASI

CR2E041 (9/01)