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FLORIDA DEPARTMENT OF STATE **Katherine Harris**

LIMITED LIABILIT **COMPANY** REINSTATEMENT

Secretary of State **DIVISION OF CORPORATIONS**

FILED JUL 10 PH 8: 45 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #	M96000000062
1. Limited Liability Company's	Name

DREAM COMMUNITIES L	LC			1 7 table 2 1		
9690 DEERECO ROAD S	JITE 820					
TIMONIUM, MD 21093						
2. Principal Office Address	3. Mailing Office Add	dress	4. State/Coun	try of Formation		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		- State/Oouri	\		
			5. Date Organ To Do Busi	ized or Qualified ness in Florida	/1006	
City & State	City & State	r'State 7		Number 2/14/1996 Applied For		
Zip Country	Zip	Country	52-19	55.00	Not Applicable Additional Fee required	
			CERTIFICATE	OF STATUS DESIRED for a	Certificate of Status	
No. 112	8. Name an	d Address of Current Regi	stered Agent			
CORPORATION_SERVICE, COMPANY 20003326862-2 Street Address (P.O. Box Number is Not Acceptable) -07/19/0001002001 1201 HAYS STREET, SUITE 105 *****200.00 *****200.00						
1201 11A13 31 Suite, Apt. #, Etc.	<u> </u>					
City TALLAHASSEE				State Zip Code FL 32301		
9. I, being appointed the registered agent of the	above named limited liability	company, am familiar with a	and accept the obligati			
Signature of Registered Agent	REGISTERED AGENT MU	JST SIGN		Date 7/3/00		
10. Names and Street Addresses of Managing						
Titles Name of Managing Members/Managing Members	anagers	Street Address of Each Managing Member/Manager		City / State / Zip		
MGRM BOND, FRANK	969	O DEERECO RO	AD, SUITE	# TIMONIUM,	MD	
GRM FLEISCHER, WIL	LIAM J 220	02 PINE HILL	FARMS LAN	E COCKEYSVIL	LE, MD	
Ac. a				, , , , , , , , , , , , , , , , , , , ,		

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 filling 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

Frank Bond, Managing Member Typed or printed name of signing Managing Member/Manager __