PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
	RPORAT	ION	FLORIE	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			2008 JAN 17 PM 1:48 SECRETARY OF STATE TALLAHASSEE.FLORIDA	
DOCUMENT # P00000068681 1. Corporation Name Blue Dreams Investments Inc.						IALLAHASSEE, FLÖRIDA		
, 								
4600 M	ilitary Trai	ess - No P.O. Box i	4600 M	3. Mailing Office Address 4600 Military Trail			200115396222 01/17/08016822087(12/07)**335.00	
Suite, Apt. : Suite 21 City & State	12		Suite 2	Suite, Apt. #, etc. Suite 212 (attn: BBB) City & State			4. Date Incorporated or Qualified To Do Business in Florida 07/19/2000	
Jupiter, Florida			-	Jupiter, Florida			5. FEI Number Applied For 522257152 Not Applicable	
33458		USA	33458		USA		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Regis Name Barry B. Byrd Street Address (P.O. Box Number is Not Acceptable) 4600 Military Trail Suite, Apt. #, Etc. Suite 212 City Jupiter					State Zip Coc FL 33458	le	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
B. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGIST[ERED AGENT MUST SIGN								
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titleo Name of Street Address of Each								
Titles	Name of Officers and/or Directors			Officer and/or Director				
PDS	Juan M. Prieto (BBB) 4600 Military Trail, S					rail, S	uite 212 Jupiter, Florida 33458	
VP	Ximena V. Prieto (BBB) 4600 Military Trail, S					uite 212 Jupiter, Florida 33458		
Ass't S	Barry B. Byrd			4600 M	lilitary Trail, Su	ite 21	2 Jupiter, Florida 33458	
]	RF	EINSTATEMENT P 06-07	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: BAROL B BYR) 1.11.08 561.799.9280 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								