

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000087445 1. Entity Name X DREAM 2 INC.				FILED 07 DEC 14 AM 11:14 CLERK OF STATE 400 MANASSAHE, FLORIDA	
Principal Place of Business POST OFFICE BOX 831472 MIAMI, FL 33283		Mailing Address POST OFFICE BOX 831472 MIAMI, FL 33283		 REINSTATEMENT <u>027</u> <small>12/22/07 REIN P CR2E008 (12/27)</small>	
2. Principal Place of Business - No P.O. Box # 10140 SW 60 Street		3. Mailing Address PO BOX 831472			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI, FLORIDA		City & State MIAMI, FL		4. FEI Number APPLIED FOR	
Zip 33173		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMCHICK, BRUCE ESQ. 9130 SOUTH DADELAND BLVD. SUITE 1101 MIAMI, FL 33156		7. Name and Address of Now Registered Agent Name Marielena Reyes-Vinas Street Address (P.O. Box Number is Not Acceptable) 10140 SW 60 ST City MIAMI, FL Zip Code 33173			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANAS-REYES, MARIELENA POB 831472 MIAMI, FL 33283		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Reyes-Vinas, Marielena 10140 SW 60 ST MIAMI, FL-33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					