2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 17, 2007
Secretary of State

DOCUMENT# P05000093619

Entity Name: DREAM INVESTMENT GROUP, INC

Current Principal Place of Business:

9050 PINES BLVD
SUITE 454
PEMBROKES PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

9050 PINES BLVD
SUITE 454
PEMBROKES PINES, FL 33024

New Mailing Address:

FEI Number: 20-3085999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATHIS, WILLY A
9050 PINES BLVD
SUITE 454
PEMBROKES PINES, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: WILLY A. ATHIS

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ATHIS, WILLY A
Address: 9050 PINES BLVD # 454
City-St-Zip: PEMBROKES PINES, FL 33024

Title: VP (X) Delete
Name: ATHIS, KINSKY
Address: 9050 PINES BLVD # 454
City-St-Zip: PEMBROKES PINES, FL 33024

Title: PD (X) Delete
Name: TIMOTHEE, ANDRE
Address: 9050 PINES BLVD SUITE 454
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: AM (X) Delete
Name: LEBLANC, MAUDE
Address: 9050 PINES BLVD SUITE 454
City-St-Zip: PEMBROKE PINES, FL 33024 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLY A. ATHIS P 10/17/2007

Electronic Signature of Signing Officer or Director — Date