

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000052801

FILED  
Nov 14, 2007  
Secretary of State

Entity Name: DREAM TEAM INVESTMENT, INC.

## Current Principal Place of Business:

2778 NW 194TH TERRACE  
MIAMI GARDENS, FL 33056

## New Principal Place of Business:

## Current Mailing Address:

2778 NW 194TH TERRACE  
MIAMI GARDENS, FL 33056

## New Mailing Address:

FEI Number: 20-4744017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EACCOUNTANTSMALL.COM, LLC  
2331 NE 5TH AVENUE  
POMPANO BEACH, FL 33064 US

## Name and Address of New Registered Agent:

MAXWELL, LAVANZO X CEO  
2778 NW 194TH TERRACE  
MIAMI GARDENS, FL 33056 US

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: LAVANZO X. MAXWELL

11/14/2007

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: MAXWELL, LAVANZO  
Address: 2778 NW 194TH TERRACE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D ( ) Delete  
Name: HESTER, PRESTON  
Address: 2778 NW 194TH TERRACE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D (X) Delete  
Name: POWELL, SHAWN  
Address: 3261 SW 66TH STREET  
City-St-Zip: HOLLYWOOD, FL 33023

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MAXWELL, LAVANZO  
Address: 2778 NW 194TH TERRACE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: DIR (X) Change ( ) Addition  
Name: HINDS, LIONEL  
Address: 6416 NW 199TH TERRACE  
City-St-Zip: MIAMI, FL 33015

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

Title: DIR ( ) Change (X) Addition  
Name: HINDS, MARJORIE E  
Address: 6416 NW 199TH TERRACE  
City-St-Zip: MIAMI, FL 33015

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: LAVANZO MAXWELL

PRES

11/14/2007

Electronic Signature of Signing Officer or Director

Date