

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 24 AM 8:00

DOCUMENT # **P02000118721**

1. Corporation Name

DYNAMIC BLOCK, INC.

REINSTATEMENT *03-04*

Principal Place of Business

Mailing Address

5445 SW 5TH ST
MIAMI FL 33134

5445 SW 5TH ST
MIAMI FL 33134



MRS

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/05/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

113661682

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MAYORGA, ALMA N	5445 SW 5TH ST	MIAMI FL 33134

300028383213
02/09/04--01006--016 **750.00
300028383213
02/24/04--01038--012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAYORGA, ALMA N
5445 SW 5TH ST
MIAMI FL 33134

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent *Alma Mayorga*
REGISTERED AGENT MUST SIGN

Date *2-1-04*

11. 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 under section 119.07(3)(i), 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: *Alma Mayorga*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3054463160
Date _____ Daytime Phone # _____

CR2E040 (7/03)