## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT # P03000081363 FILED DYNÁMIC AUTO CARE INCORPORATED 05 MAR -9 PH 3: 02 SECRETARY: CLATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3550 N.W. 36TH STREET 3550 N.W. 36TH STREET MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042005 REIN-P CR2E098 (6/04) 4. FEI Number Applied For City & State City & State Not Applicable Country Country Zip \$8.75 Additional Fee Required 5. Certificate of Status Desired, 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LANZA, HECTOR Street Address (P.O. Box Number is Not Acceptable) 472 S.E. 6TH STREET HIALEAH, FL 33010 City Zip Code 8. The above named entity sobmits 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 3 egent and title if applicable In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOWIII FEE IS \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change Delete TITLE TITLE LANZA, HECTOR NAME 600048418666 NAME 472 S.E. 6TH STREET STREET ADDRESS STREET ADDRESS 03/15/05--01029--026 \*\*\*300.00 CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33010 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 7 CITY-ST-7IP ☐ Delete intre: 🖅 🕯 ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ппе ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:0

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **Dynamic Auto Care, Inc.**

3550 NW 36 Street Miami, Florida 33142

March 3th, 2005

Ref: Reinstatement (P03000081363)

To whom it may concern:

While attempting to download our current years report we noted that our corporation was inactive. We don't recall receiving the renewal notices, we are very careful and pay all our bills on time in order to avoid late fees. As instructed by your office we ask that you consider waiving the penalty fee imposed; our current financial condition does not allow us to absorb any added cost. As advised enclosed please find our Corporate Reinstatement Form and a check for \$300.00 to cover the filing cost for 2004 and 2005. Thanking you in advanced and hoping you will understand our situation I remain

If you have any questions, please don't hesitate to contact us.

Sincerely Yours,

Dynamic Auto Care, Inc.

Hector Lanza

President/Director