

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 AUG 23 AM 9:21


SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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08/23/10--01045--014 **1050.00

08-10

CR2E081 (6/10)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000031236

1. Corporation Name
DYNAMIK SOLUTIONS INC

2. Principal Office Address - No P.O. Box # 9114 OAK PRIDE CT		3. Mailing Office Address 9114 OAK PRIDE CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33647	Country US	Zip 33647	Country US

4. Date Incorporated or Qualified To Do Business in Florida **03/02/2006**

5. FEI Number **20-4438701** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MUKUL SHARMA

Street Address (P.O. Box Number is Not Acceptable)
9114 OAK PRIDE CT

Suite, Apt. #, Etc.

City TAMPA	State FL	Zip Code 33647
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date **X 08/26/10**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	MUKUL SHARMA	9114 OAK PRIDE CT	TAMPA, FL 33647
VD	JASMINE KAUR	9114 OAK PRIDE CT	TAMPA, FL 33647

[Signature]
8/23

10. E-mail Address: _____
(To be used for future annual report notification)

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. I further certify, 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: *[Signature]* Date **X 8/26/10** Daytime Phone # **X 813 488 4820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR