PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 20 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000059800

1. Corporation Name

DYNAMIC ENVIRONMENTAL ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~2603 W AZEELE~~ ~~SUITE A~~ ~~TAMPA FL 33609~~	~~2603 W AZEELE~~ ~~SUITE A~~ ~~TAMPA FL 33609~~

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

REINSTATEMENT 2000

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3767 Lake Worth Rd.	3767 LAKE WORTH RD
Suite, Apt. #, etc.: Suite 110	Suite, Apt. #, etc.: SUITE 110
City & State: Lake Worth FL	City & State: LAKE WORTH, FL
Zip: 33461 Country: Palm Beach	Zip: 33461 Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 08/20/1993

5. FEI Number: 59-3203704 ☐ Applied For ☐ Not Applicable

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
D	ABRAHM, MICHAEL C	~~4103 SEVILLA~~ 6248 S. Skyline Drive	~~TAMPA FL 33629~~ Evergreen, CO. 80439
D	JERMAKIAN, DAVID A	P.O. BOX 7058	LAKE WORTH FL 33466
			900003582879--8 -01/26/01--01159--013 ****758.75 ****758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~ABRAHM, MICHAEL C~~ ~~2603 W AZEELE~~ ~~SUITE A~~ ~~TAMPA FL 33609~~	Name: DAVID A. JERMAKIAN Street Address (P.O. Box Number is Not Acceptable): 3767 LAKE WORTH RD Suite, Apt. #, Etc.: SUITE 110 City: LAKE WORTH State: FL Zip Code: 33461

CR2E040 (8/00)

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.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 12/14/00

REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED DAVID JERMAKIAN, DIRECTOR — 12/14/00 — 561-968-4787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #