

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000059800**

1. Corporation Name

DYNAMIC ENVIRONMENTAL ASSOCIATES, INC.

Principal Place of Business

3767 LAKE WORTH RD.
SUITE 110
LAKE WORTH FL 33461

Mailing Address

3767 LAKE WORTH RD.
SUITE 110
LAKE WORTH FL 33461

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

2. New Principal Office Address, If Applicable

3767 Lake Worth Rd.
Suite 116

3. New Mailing Office Address, If Applicable

Suite 116

City & State

Lake Worth, FL

City & State

USA

Zip

33461

Country

USA

Zip

Country

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
<u>D</u>	<u>ABRAHM, MICHAEL C</u>	<u>6248 S. SKYLINE DRIVE</u>	<u>EVERGREEN CO 80439</u>
<u>D/P/S</u>	<u>JERMAKIAN, DAVID A</u>	<u>P.O. BOX 7058</u>	<u>LAKE WORTH FL 33466</u>

8. Name and Address of Current Registered Agent

JERMAKIAN, DAVID A
3767 LAKE WORTH RD.
SUITE 110
LAKE WORTH FL 33461

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/6/02

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/02

Daytime Phone #

561-968-4787