## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

#### **DOCUMENT #** P95000092019

1. Corporation Name

### DYNAMIC IMPORT/EXPORT INC.

Principal Place of Business

Mailing Address

44004 CW 57 TODE



03 OCT 21 PM 4: 52

SECRETARY OF STATE FALLAHASSEE. FLORIDA

- 1 (1881/180) filo (1908) Billik Boku Bohil Bohil Bohil Bahil (1907) filik habil bokak hibil (1918 hibi)

14804 SW 57 TENH, MIAMI FL 33183 US							REINSTATEMENT 2008		
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail					nformation and enter correction below.  Ing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida		
Suite, Apt. #, etc. Suite, Apt. #				, etc.		11/06/1995  5. FEI Number Applied For			
City & State City & S						65-0637732 Not Applicable			
Zip Country		Country	Zip		Country		CATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer and	l/or Director (Flo	rida nonprofi	t corporations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
D	MARTINO, TANYA			14604 SW 57 TERR.			MIAMI FL 33183		
D	MARTINO, TANYA			14604 SW 57TH TERRACE			MIAMI FL 33183		
					<del></del>				
						90 10/21/	00239629 0301030018	<b>09</b> **750.00	
						<del></del>			
8. Name and Address of Current Registered Agent					Name	9. Name and Address of New Registered Agent Name			
Martino, Tanya 14604 SW 57 Terr. Miami FL 33183					Street Address (P		P.O. Box Number is Not Acceptable)		
10. 1, being	appointed the	e registered agent of the ab	ove named corpo	oration, am fa	amiliar with and accept the o	bligations of Sect	ion 607.0505, F.S. or 617.050	)5, F.S.	
Signature o	of Agent	aira 🛚	? Ill	erti	no-		Date /0-/	12-03	

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-03