PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	Secretar	TMENT OF STATE y of State orporations	07	FILED NOV 13 AM 9: 04
DOCUMENT # 432677 i. Corporation Name					CRETARY OF STATE LAHASSEE, FLORIDA
Dynamic Ceramics, Inc				30 11/13/	0112235643 '0701052005 **300.00
,	el Office Address - No P.O. Box # Semoran Commerce PL.	3. Mailing Office Address 254 Semoran Commerce PL.		REINSTATEMENT	
Suite, Apt. #	≠, etc.	Suite, Apt. #, etc.		Date Incorporated or Qualified To Do Business in Florida 1972	
City & State Apopka		City & State Apopka		591493497 Applied For Not Applicable	
3270 ²	4-9209 USA	^{Zip} 32704	Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
ନ୍ଧାଁchard D. Herbert				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
254 Semoran Commerce PL.					
Suite, Apt. #, Etc.					
Apop	ka		State FL 32 ^{Zio Code}		waiveg.
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 Park Park Park Park Park Park Park Park					
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
Р	Richard D. Herbert 254 Semoran Com		erce PL	Apopka, FL 32704	
TS	Genna W. Herbert		254 Semoran Commerce PL		Apopka, FL 32704
				3!	00112235643 8/0701052006 **122.50
				1181	5/01 01002 000 1/122100

10. 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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect and made under oath. SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

November 9, 2007

Department of State

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Corporation Division:

This letter and application to reinstate my business, Dynamic Ceramics, Inc. comes to you after I did a search on my company and found it had been dissolved by the State of Florida. I was shocked to see that this was done, as I have not received any information from the State to file my annual report for the past 2 years.

I have enclosed a report showing that the mailing address you have on file is not correct. I do not have a P.O. Box and have not for the past 5 years. I changed this on the annual report back in 2002, so that the mailing address for my company was the physical address as the registered Agent.

This said, I am requesting that you do not impose a reinstatement fee. I have enclosed a check for \$122.50 for the 2 years of corporate supplemental fee and another check for the 2 years of Annual Fees of \$300.00.

If you have any questions, please call me at 407-889-4600.

Sincerely

Genna W. Herbert