PLEASE READ ALL INSTRUCTIONS DEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 96 NOV 22 AH 11: 42 DOCUMENT # 1. Corporation Name SECRETARY OF STATE ALLAHASSEE, FLORIDA Dynawall Inc. Principal Place of Business Mailing Address 1780 Adams St. P. O. Box 520046 Longwood, FL 32750 Longwood, FL 32752 If above addresses are incorrect in any way, line through incorrect information and enter correction below DO NOT WRITE IN THIS

Date Incorporated or Qualified

To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable 4/22/91 Suite, Apt. #, etc. Sulte, Apt. #, etc. Applied For .f. City & State City & State Not Applicable 59-3061845 Zio Country 70 Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors): ASSESSED STREET Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City/State/Zip Owner VP Douglas P. Hulser 1780 Adams St. Longwood, FL 32750 ∞े Pres. Diane S. Hulser 1780 Adams Street Longwood, FL 32750% <u>900002017119</u>--12/02/96--01041--011 \*\*\*\*575.00 \*\*\*\*575.00 8. Name and Address of Current Registered Agent 9. Name and Address of N Richard J. Hulser Street Address (P.O. Box Number is Not Acceptable) 1780 Adams Street Longwood, FL 32750 Suite, Apt. #, Etc. 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S. 11/19/96 REGISTERED AGENT MUST SIGN 4 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes 12. I do hereby certify that the information supplied with this filing is voluntarity furnished and does not qualify for the exemption stated in Section 119.07(3/k), Fiorida Statutes: I release the Division of Corporations from any liability of non-compliance with Section 119.07(3/k) in the event that the information supplied is deemed exempt from public access. 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.8.. 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.8.. and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate; and my signature shall have the same legal effect as it made under oath.

SIGNATURE:

<u>Diane</u>

Hulser, President

IG OFFICER OF DIRECTOR

ME AND TYPED OR PRINTED HAME OF SIGN

11/19/96:--

(407) 331-8771