

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9000003952

1. Corporation Name

Dynamic Creations, Inc

2. Principal Office Address - No P.O. Box #
2274 West 80th Street

Suite, Apt. #, etc.
Bay #6

City & State
Hialeah

Zip Country
33016 USA

3. Mailing Office Address
PO Box 279521

Suite, Apt. #, etc.

City & State
Miramar

Zip Country
Florida USA

7. Name and Address of Current Registered Agent

Name
Carmen lim

Street Address (P.O. Box Number is Not Acceptable)
15179 SW 49th Court

Suite, Apt. #, Etc.

City State Zip Code
Miramar FL 33027

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 *Carmen Lin*

Date 2/28/09

REGISTERED AGENT MUST SIGN

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
P	Rodney Lim	148 East 46th Street #3	New York N.Y. 10017
V	Carmen Lim	15170 SW 49th Court	Miramar, Florida 33027

REINSTATEMENT

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 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 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 as if made under oath.

SIGNATURE:

Carmen Lin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/09

(954) 559-1202

Date

Daytime Phone #

**REINSTATEMENT
FILED**

09 MAR -6 AM 11:29

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

000139170420
12/19/08 01036 005 \$1750.00
1/15/09 CR2E081 (12/08) 01023 028 -185.00

**4. Date Incorporated or Qualified
To Do Business in Florida** 6/2000

5. FEI Number
943333693

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.