

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 14 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H46643

1. Corporation Name

DYNAMIC DATA CORPORATION

Principal Place of Business

Mailing Address

9438 US HIGHWAY 19 NORTH
EMBASSY PLAZA, PMB 305
PORT RICHEY, FL 34668

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 96-2000

4. Date Incorporated or Qualified To Do Business in Florida

3/4/1984

SP

5. FEI Number

59-2629361

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/T S/C	ROBERT DESMOND	5114 DRURY CT	NEW PORT RICHEY, FL 34653
			500003155695-9
			-03/03/00--01005--013
			*****8.75 *****8.75
			500003155695-9
			-03/03/00--01005--014
			***1350.00 ***1350.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

ROBERT DESMOND

Street Address (P.O. Box Number is Not Acceptable)

5114 DRURY CT

Suite, Apt. #, Etc.

City

NEW PORT RICHEY, FL 34653

State

FL

Zip Code

34653

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.

Signature of Registered Agent

Robert Desmond

REGISTERED AGENT MUST SIGN

Date 2/11/2000

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

Robert Desmond ROBERT DESMOND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/2000

Date

(727) 808-6486

Daytime Phone #

CR2E081 (12/98)