

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
99-01 4023
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -3 PM 1:40

DOCUMENT # K31558

1. Corporation Name

DYNAMUR CORPORATION

Principal Place of Business

Mailing Address

P.O. BOX 4952
HIALEAH FL 33014-0952

P.O. BOX 4952
HIALEAH FL 33014-0952



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

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

13-8488068

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	NAMMUR, MANUEL	8421 NW 70TH ST.	MIAMI FL 33166

400003534084--9
-01/12/01--01003--001
*****450.00 *****450.00
400003534084--9
-01/12/01--01003--002
*****8.75 *****8.75
12/14/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NAMMUR, MANUEL
8421 NW 70 ST
MIAMI FL 33166

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12-7-00.

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-7-00.

Date

Daytime Phone #

CR2040 (8/99)

2

Dynamur Corporation
P.O.Box 4952
Hialeah, Florida 33014

12/26/2000

Division of Corporation
P.O.Box 6327
Tallahassee Florida 33314

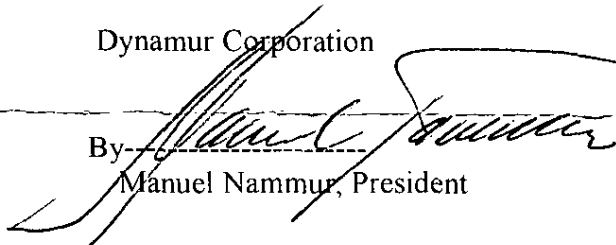
Att; Tyrone

I am enclosing our check for \$450.00 to apply to the 2000 annual report of our corporation, as we were notified that due to post office/mail difficulties our payment was not received in time.

We appreciate your assistance.

Sincerely

Dynamur Corporation

By 
Manuel Nammur, President