

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K54064**

1. Corporation Name

DYNAMIC ALUMINUM PRODUCTS INC

2. Principal Office Address

325 WOOD LANE CREEK

Suite, Apt. #, etc.

City & State

KISSIMMEE

Zip

34744

Country

USA

3. Mailing Office Address

325 WOOD LANE CREEK

Suite, Apt. #, etc.

City & State

KISSIMMEE

Zip

34744

Country

USA

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **00-06**

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1988

5. FEI Number

65-0097896

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ACCOUNT BOOKKEEPING CORPORATION

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

5950 LAKEHURST DR

Suite, Apt. #, Etc.

STE #246

City

ORLANDO

State

FL

Zip Code

32819

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

Joyce Gasemuntz
REGISTERED AGENT MUST SIGN

Date

09/06/06

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	HERVE WILLIAM LAJOIE	325 WOOD LANE CREEK	KISSIMMEE, FL 34744

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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:

Herve William Lajoie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/06/06

Daytime Phone #

407-897-5336