


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 SEP 15 AM 10:13
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L00000014622

1. Limited Liability Company's Name

Dynamic Development, L.C.

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CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 2155 Glen Drive Suite, Apt. #, etc.		3. Mailing Office Address 2155 Glen Drive Suite, Apt. #, etc.	
City & State Safety Harbor, FL		City & State Safety Harbor, FL	
Zip 34695	Country US	Zip 34695	Country US

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 11/28/2000	
6. FEI Number 59-3703754	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent Name HRAWG Corp. Street Address (P.O. Box Number is Not Acceptable) 1801 N. Military Trail Suite, Apt. #, Etc. Suite 200 City Boca Raton		State FL	Zip Code 33431
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☒ A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent James M. Hankins, V.P. Date _____
 REGISTERED AGENT MUST SIGN By: James M. Hankins, VP

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Vincenza Orsi	2155 Glen Drive	Safety Harbor, FL 34695

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 03/23/08 01000 017 **062.50

REINSTATEMENT 2003-2008

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager X Vincenza Orsi Date 9.8.08 Daytime Phone# _____
 Typed or printed name of signing Managing Member/Manager Vincenza Orsi, MGRM