

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L02000033753**

LIMITED LIABILITY COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC 16 PM 12:50

DOCUMENT # **L02000033753**

1. Limited Liability Company's Name  
**DYNAMIC CONSTRUCTION SERVICES, LLC**

**REINSTATEMENT 2003**

400025532004  
12/16/03--01055--020 \*\*155.00

2. Principal Office Address  
**15947 N. FLORIDA AVE**

3. Mailing Office Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

State  
**FL**

City & State

Zip  
**33548**

Country  
**USA**

Zip  
**33624**

Country  
**USA**

4. State/Country of Formation  
**FLORIDA, USA**

5. Date Organized or Qualified To Do Business in Florida  
**12/9/02**

6. FEI Number  
**86-0871293**

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
**MARY BARNARD**

Street Address (P.O. Box Number is Not Acceptable)  
**15907 CRYING WIND DRIVE**

Suite, Apt. #, Etc.

City  
**TAMPA**

State  
**FL**

Zip Code  
**33624**

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  
**Mary E Barnard**

REGISTERED AGENT MUST SIGN

Date  
**12/10/03**

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
MEM	KEITH TURNER	16401 CYPRESS WATERWAY # 804	TAMPA, FL 33624
MEM	STAN HOUSTON	16308 ROCK LAKE DRIVE	ODESSA, FL 33556
MEM	KENNETH GUTHERY	4205 E. BUSCH BLVD	TAMPA, FL 33617
MEM	MARY OR BUDDY BARNARD	15907 Crying Wind Dr	TAMPA, FL 33624
<b>REINSTATEMENT 2003</b>			

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 608.406, 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

**Buddy Barnard**

Date  
**12/10/03**

Daytime Phone #  
**813-269-4222**

Typed or printed name of signing Managing Member/Manager  
**BUDDY BARNARD**

CR2E041 (10/02)