

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 25 AM 11:48

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000083700

1. Limited Liability Company's Name

A DYNAMIC GROUP, LLC.

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 8045 NW 36 Street Suite, Apt. #, etc. 506A City & State DORAL, FLORIDA Zip 33166		3. Mailing Office Address 8045 NW 36 Street Suite, Apt. #, etc. 506A City & State DORAL, FLORIDA Zip 33166	
Country USA		Country USA	

4. State/Country of Formation FL/ USA	
5. Date Organized or Qualified To Do Business in Florida 08/23/2005	
6. FEI Number N/A	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 ENRIQUE TAWACHI		
Street Address (P.O. Box Number is Not Acceptable) 8045 NW 36 Street		
Suite, Apt. #, Etc. 506A		
City DORAL	State FL	Zip Code 33166

☒ 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

Enrique Tawachi

REGISTERED AGENT MUST SIGN

Date 01/30/2008

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
PD	Enrique Tawachi	8045 NW 36 Street Suite #506A	DORAL, FLORIDA 33166.
			500119547295 03/06/08--01013--019 **238.75
	Originally submitted 12/18/07		
	2006 FF \$50		
	2007 FF \$50		
	2008 FF \$138.75		
		REINSTATEMENT	
		2006-2008	
		Cell	

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

Enrique Tawachi

Date 01/30/2008

Daytime Phone # 786-597-1204

Typed or printed name of signing Managing Member/Manager **ENRIQUE TAWACHI**