PLEASE READ ALL INSTRUCTIONS BEFORE			COMPLET	ING I FIS FORIVI.	
LIMITED LIABILITY COMPANY REINSTATEMENT	Secreta	RTMENT OF STATE Iry of State CORPORATIONS	}	FIL (EL)	
DOCUMENT # DOOODS0527			SEC	CRETARY OF STATE LAHASSEE, FLORIDA	
Dynamic Image LLC			90 03/28	900258367939 03/28/1401017030 **793.75	
2. Principal Office Address - No P.O. Box#	3. Mailing Office Addre	888		CR2E041 (1/14)	
1232 Andes Drive	1		4. State/Countr	y of Formation	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 5/25/2004		
City & State	City & State		6. FEI Number Applied For		
Winter Springs	Horid		20-500i		
32708 Seminale	Zip	Country	7.	STATUS DESIRED \$5.90 Additional Fee required to: a Certificate of Status	
	s of Current Registered A	Je nt			
Name Conyers Broylo	Ī				
Street Address (P.O. Box Number is Not Acceptate	A		1	ì	
1232 Undes Dri	yl		_	j	
Suite, Apt. #, Etc.					
1 20			į		
Winter Springs		State Zip Code FL 3270%			
uity	boog named limited liability	FL 32708	nd accept the oblige	tions of Chapter 605, F.S.	
Winter Springs	above named limited liability	FL 3270% company, am femiliar with a	nd accept the obligat	tions of Chapter 605, F.S. Date3 20 14	
Unter Springs 9. I, being appointed the registered agent of the a	REGISTERED AGENT MU	FL 3270% company, am femiliar with a	and accept the oblige	2/2/1/	
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9. I, being appointed the registered agent of the a Signature of Registered Agent 10. Names and Street Addresses of Authorized Name of Authorized Representative Authorized Representative Country Co	REGISTERED AGENT MU Representatives/Managers	FL 32708 Company, am familiar with a UST SIGN Street Address of E Authorized Represent Manager	ach	Date 3/26/14	
9. I, being appointed the registered agent of the a Signature of Registered Agent 10. Names and Street Addresses of Authorized I Name of Authorized Representative Managers	REGISTERED AGENT MU Representatives/Managers	FL 32708 Company, am familiar with a UST SIGN Street Address of E Authorized Represent Manager	ach ative/	Date 3/20/14 City / State / Zip	
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9. I, being appointed the registered agent of the a Signature of Registered Agent 10. Names and Street Addresses of Authorized I Name of Authorized Representative Managers MGR Dais Broyld	REGISTERED AGENT MU Representatives/Managers ves/ L 123 REINST	FL 32708 Company, am familiar with a UST SIGN Street Address of Enduthorized Represent Manager 2 Andles Di ATEME	ach ative/	City/State/Zip Winter Spg PL 32708	
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9. I, being appointed the registered agent of the a Signature of Registered Agent 10. Names and Street Addresses of Authorized Representative Managers MAR Dais Broylo 11, E-mail Address: Approvided Titles Authorized Representative Managers Mar Dais Broylo 1 Certify that I am an authorized representative in filing this reinstatement application the reason at all fees owed by the limited liability company he as if made under oath. I am aware that false inform	REGISTERED AGENT MU Representatives/Managers Ves/ 123 REINST To be us Imanager or the recibility or for dissolution has been eave been paid. The informal	Street Address of E. Authorized Represent Manager 2 Arcles D. ATEME ATEME Trustee empowered to executivininated, the limited liability tion indicated on this applicator interest of State constitutes a	ations) Te this application as company name satistion is true and accurthird degree felony at the satistic of	City / State / Zip City / State / Zip Win ler Spg PL 32708 2010-2014 s provided for in Chapter 608, F.S. I further certify that the same legal effect as provided in s. 817.155, F.S.	
9. I, being appointed the registered agent of the a Signature of Registered Agent 10. Names and Street Addresses of Authorized I Name of Authorized Representative Managers MAR DOIS BROYLO	REGISTERED AGENT MU Representatives/Managers ves/ 123 REINST To be us Imanager or the receiver or In for dissolution has been eave been paid. The informal action submitted to the Dipa	Street Address of E. Authorized Represent Manager 2 Arcles D. ATEME ATEME Trustee empowered to executivininated, the limited liability tion indicated on this applicator interest of State constitutes a	ations) Te this application as company name satistion is true and accurthird degree felony at the satistic of	City / State / Zip City / State / Zip Win for Spg R 32708 2010-2014 s provided for in Chapter 608, F.S. I further certify that the same legal effect	