## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # L06000079912  1. corporation Name  DYNAMIC LEADS, LLC  2. Principal Office Address - No P.O. Box # 8301 SW 62ND AVE  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  MIAMI FL  Ze  Country  Ze  ABDUL PATEL  Seal Country  Ze  ABDUL PATEL  Seal Country  Registered Agent  Country  Seal Country  Ze  ABDUL PATEL  Seal Country  ABDUL PATEL  Seal Country  Ze  Country  Seal Country  ABDUL PATEL  Seal Country  Ze  Country  Seal Country  ABDUL PATEL  Seal Country  ABDUL PATEL  Seal Country  Seal Country  Seal Country  ABDUL PATEL  Seal Country  S	CORPORATION FL REINSTATEMENT					FLORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS				FILED  09 MAR -3 PM 1: 25  SECRETARY OF STATE  TALLAHASSEE, FLORIDA				
2. Principal Office Address - No P.O. Box # 8301 SW 62ND AVE 840.  Suite, Apt. #. etc. 9. Su											TALLAHASSEE,	F STATE FLORIDA	:	
Suite, Apt. #, etc.    Suite, Apt. #, etc.	DYNAMIC LEADS, LLC									M.A				
City & State MIAMI FL  Cay & State MIAMI FL  Cay & State MIAMI FL  Country State State MIAMI FL  Country State Sta	'					=					4. Date Incomprated or Qualified			
MIAMI FL  Zip  33143  USA  33143  USA  33143  USA  33143  USA  Country  33143  USA  6. **CERTIFICATE OF STATUS DESIRED   \$7.5 Authorized For required to a Scrittingate of Status  7. Name and Address of Current Registered Agent  Name ABDUL PATEL  Streat Address (F.O. Box Number is Not Acceptable)  3310 SW 62ND AVE  The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior motices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  8. I. being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607.0505 or 617.0609, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  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  Officers and/or Directors  Officers and/or Directors  1. Single Address of Each  Officers and/or Directors  MAMI FL 33143  10. Locality that I am an officer or director or the receiver or instance 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 on the 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 on the 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 on the under cash.  SIGNATURE:  3. FEI Number  3. Application is true and accurate, and my signature shall have the same legal effect as if made under cash.	Suite, Apt. #. etc.					Suite, Apt. #, etc.								
State   33143   USA   33143	· ·					, and the second					5. FEI Numbe	r		
Name ABDUL PATEL  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #. Etc.  City MIAMI  State  Signature of MIAMI  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  PD  ABDUL PATEL  8301 SW 62ND AVE  MIAMI FL 33143  10. Locality that I am an efficer 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 filling this reinstatement or of 19, 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 outh.  SIGNATURE:  30/03/2/2009		[ '			· ·			<del>-</del>		CERTIFICATE OF STATUS DESIDED			litional Fee required	
ABDUL PATEL  Street Address (P.O. Box Number is Not Acceptable)  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles	7. Name and Address of Current Registered Agent											<u> </u>		
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Suite, Apt. #, Etc.  City MIAMI  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  REGISTERED AGENT MUST SIGN  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  Officers and/or Directors  ABDUL PATEL  8301 SW 62ND AVE  MIAMI FL 33143  10. Loetfly 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. Infurther certify that when filling this reinstattement 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 cash.  SIGNATURE:  3140 Capt.  10.1 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. The information indicated on this opplication is true and accurate, and my signature shall have the same legal effect as if made under cash.	Street Address (P.O. Box Number is Not Acceptable)										the prior notices. By checking this box, you are certifying the prior notices were not			
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Titles Name of Officers and/or Directors Officer and/or Director MIAMI FL 33143  ***ABDUL PATEL**  ***ABDUL												<del>.</del>	· · · · · · · · · · · · · · · · · · ·	
PD ABDUL PATEL  8301 SW 62ND AVE  MIAMI FL 33143  PD 14483644  03/03/03/0901004009 ***416.25  10.1 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 filling 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.		and Street A	ddresses			or Director (Flor	rida nonpro					Τ		
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