

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000079912

1. Corporation Name

DYNAMIC LEADS, LLC

07

FILED  
09 MAR -3 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PK*

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

8301 SW 62ND AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33143

Country

USA

3. Mailing Office Address

8301 SW 62ND AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33143

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/09/2006

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
ABDUL PATEL

Street Address (P.O. Box Number is Not Acceptable)  
8301 SW 62ND AVE

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33143

☒ The 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 reinstatement fee be waived.

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

*PK*

Date 03/02/2009

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	Street Address of Each Officer and/or Director	City / State / Zip
PD	ABDUL PATEL	8301 SW 62ND AVE	MIAMI FL 33143

REINSTATEMENT 2007-2009 400144836444 03/03/09--01004--009 \*\*416.25

10. I 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 filing 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.

SIGNATURE:

*PK*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/2009

Date

Daytime Phone #