

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 22 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000000503

1. Limited Liability Company's Name

DYNAMIC KINETICS LLC

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

602 LAVON DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

602 LAVON DRIVE

Suite, Apt. #, etc.

City & State

ALTA MONTE SPRINGS, FL

City & State

ALTA MONTE SPRINGS, FL

Zip

32701

Country

Zip

32701

Country

8. Name and Address of Current Registered Agent

Name

MATTHEW A. CONTE

Street Address (P.O. Box Number is Not Acceptable) Suite,

602 LAVON DRIVE

Apt. #, Etc.

City

ALTA MONTE SPRINGS

State

FL

Zip Code

32701

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

12/23/13

6. FEI Number

47-2593729

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

200280314722
12/22/15-01008-009 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date DECEMBER 18TH 2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MBR	MATTHEW A. CONTE	602 LAVON DRIVE	ALTA MONTE SPRINGS FL 32701

11. E-mail Address:

MATCONTE@HOTMAIL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

12/18/2015

Daytime Phone #

407-415-0717

Typed or printed name of signing authorized representative/member

MATTHEW A. CONTE