

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2016 SEP 28 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000290726750  
09/28/16--01006--015 \*\*238.75

DOCUMENT # L15000025671

1. Limited Liability Company's Name  
Dynamic Progressive LLC

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

8134 NW 51st Drive

Suite, Apt. #, etc.

City & State

Gainesville

Zip

32653

Country

USA

3. Mailing Office Address

8134 NW 51st Drive

Suite, Apt. #, etc.

City & State

Gainesville

Zip

32653

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

2/4/2015

6. FEI Number

47-3134608

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

8. Name and Address of Current Registered Agent

Name

Weihua W Yang

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

8134 NW 51st Drive

Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32653

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 9/28/2016

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
AMBR	Weihua W Yang	8134 NW 51st Drive	Gainesville, FL 32653

REINSTATEMENT

SEP 28 2016

R. HUNT

11. E-mail Address. wd yang48@gmail.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 9/23/2016

Daytime Phone # 407-575-7825

Typed or printed name of signing authorized representative/member