PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

APPLICATION

SIGNATURE:

REIN	FOR I	MENT	A	יום	Secreta	ne Harris ry of State CORPORATIONS			WISION O	FILEL ARY O F COR	J F STATE PORATE	ius.
	UMENT	Γ#	L5087	5					01 NOV 2	27 Př	1 4: 14	14.8.
DYNAN	MIC STA	R PUE	BLISHING II	NC.								
Principal Place of Business 4400 ISLAND ROAD BAY POINT MIAMI FL 33137 US If above addresses are incorrect in any way, line thro				Mailing Address 4400 ISLAND ROAD MIAMI FL 33137 US ough incorrect information and enter correction below.								
. * =					Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 02/13/1990				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. FEI Number	•	02/	- 1 	blied For
City & State			City & State							Not	Applicable	
Zip		Country		Zip		Country		6. CERTIFICATE	OF STATUS DESIRED	S8.75	Additional l	ee required of Status
7. Names	and Street Ad			or Director (Flo	rida nonprof	it corporations mus			T			
Title(s) 1	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip 4			
PSD	ALVARES, LISSETTE 4400 ISLA					and RD, Bay Po	PRD, BAY POINT MIAMI FL 33137					
VTD	CHIRINO, \	CHIRINO, WILLY			4400 ISLAND RD		, BAY POINT		MIAMI FL 33137			
						ř.		91	000047 -12/11/ ****15		999- 10680 ****19	
	,									B	d w	
8. Name and Address of Current Registered Agent								9. Name and Address of New Registered Agent				
COSME DE LA TORRIENTE 155 SW 25 ROAD						Name Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33129				Suite, Apt. #, Etc.			•					
						City				State	Zip Code	
10. I, being		e registere	d agent of the above	ve named corpo	oration, am f	amiliar with and ac	cept the ol	bligations of Secti	on 607.0505, F.S.	/1.		6 /
Registered	Agent	/re	RE	GISTERED AG	ENT MUST	SIGN	الساد		Date	//	2/	<u> </u>
11. I certify	that Lam an	officer or d	rector or the receiv	ver or trustee er	npowered to	execute this applic	cation as p	provided for in cha	apter 607 or 617, F.S.	I further o	ertify that wh	en filing

owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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.

November 2, 2001

Ms. Katherine Harris Secretary of State Division of Corporation

Re: Annual Report 2001 for Dynamic Star Publishing Inc. #L50875

Enclosed, please find a reinstatement application and a check in the amount of \$158.75 for the Annual Report of 2001 and the certificate of status. I never received the notice to file the Annual Report. I apologize for the inconvenience.

Sincerely,

Lissete Alvarez PSD