## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI			;	DEPART Secretary ISION OF CO	of S			08 J	FIL 51 UL-2 PM	1: 17	
DOCUMENT # N41345  1. Corporation Name									SECHLER STATE TALLAHASSEE, FLORIDA			
DYNASTY SOCIAL CLUB, INC.												
3017 Dr. Martin Luther King, Jr, Drive												
2. Principa	al Office Addre	ss - No l	P.O. Box #	3. Mailing C	3. Malling Office Address							
			9909 Hillview Rd.				_	CR2E081 (12/07)				
Suite, Apt. i	#, etc.		Suite, Apt. #, etc.					L. Date Incom	vorsted or Ousliffe			
Pens City & State	sacola		Pensacola, FI.				՝	4. Date Incorporated or Qualified To Do Business in Florida 12/19/1990				
	•		City & State					5. FEI Number Applied For 59-3042941 Not Applied be				
<sub>Zip</sub> 325	Country Escambia		<sup>Zip</sup> 32514		Count Esc	ry cambia	•	CERTIFICATE	OF STATUS DESIR		ditional Fee required ertificate of Status	
7. Name and Address of Current Registered Agent												
Name Joseph F. Lewis									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.			
Joseph E. Lewis Street Address (P.O. Box Number is Not Acceptable)												
9909 Hillview Rd.												
Suite, Apt. #, Etc.												
City State Zip Code Pensacola, FL. FL 32514												
8. I, being	appointed the	register	ed agent of the abo	ve named corpo	oration, am fa	ımiliar v	vith and accept the	e oblig	ations of section	on 607.0505 or 61	7.0503, F.S.	
Signature of Registered Agent REGISTERED AGENT MUST SIGN									Date 6-23-2008			
9. Names	s and Street A	ddresses	of Each Officer and	/or Director (Flo	orida nonprof	it corpo	rations must list at	t least	3 directors)	· · · · · · · · · · · · · · · · · · ·		
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				ach		City / State / Zip		
P		<u> </u>	. Lewis	9909 Hillview Ro			₹đ.		Pensacola, FL. 32514			
V	Brian		10938 MaJuro Dr.			٠.		Jacksonville, FL. 32246				
Т	Gregory C. Lewis				1904 Joshua Dr.			•		Cantonment, FL. 32533		
s	Jacei	M. Walke	r	7213 Willowside Dr.				r.	Pensacola,FL.32506			
	REINSTATEMEN   RH								900132043509 07/01/0801025003 **665.00			
		/ <b>T</b> T 1		T-/1411	71 4 1		NI		0170	1,00 010		
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.  Joseph E. Lewis  SIGNATURE:  (850) 478-2571												
SIGNA		PNATURE	AND TYPED OR PRI	NTED NAME OF	SIGNING OFFI	ICER OF	DIRECTOR		6-2	23-2008- Date	Daytime Pt	