

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003203

1. Corporation Name

Dynamic Attitudes, Inc

2. Principal Office Address - No P.O. Box #
974 SE Prineville St

Suite, Apt. #, etc.

City & State
Port St. Lucie

Zip
34983

Country
USA

3. Mailing Office Address
974 SE Prineville St

Suite, Apt. #, etc.

City & State
Port St. Lucie

Zip
34983

Country
USA

REINSTATEMENT 02-07

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 19, 1994

5. FEI Number
65-0428077

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
Amparo Fernandez

Street Address (P.O. Box Number is Not Acceptable)
974 SE Prineville St

Suite, Apt. #, Etc.

City
Port St. Lucie

State
FL

Zip Code
34983

☐ 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

Amparo Fernandez
REGISTERED AGENT MUST SIGN

Date **08/02/07**

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
P/D/S	Amparo Fernandez	974 SE Prineville St	Port St. Lucie FL 34983
M	Mario Fernandez	974 SE Prineville St	Port St. Lucie FL 34983
O	Abelardo Vargas	14020 Biscayne Blvd #908	N. Miami, FL 33181
			300107439923 08/02/07--01021--017 **\$42.50
			300107439923 08/02/07--01021--018 **\$8.75

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: *Amparo Fernandez* Amparo Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **08/02/07**

772-621-3632

Date

Daytime Phone #