

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 13 AM 8:01

DOCUMENT # **000000043321**

1. Corporation Name

DYNOWORLD, INC.

2. Principal Office Address

200 KNUTH ROAD

Suite, Apt. #, etc.

Suite, 112

City & State

BOYNTON BEACH, FL

Zip

33436

Country

USA

3. Mailing Office Address

200 KNUTH ROAD

Suite, Apt. #, etc.

Suite 112

City & State

BOYNTON BEACH, FLORIDA

Zip

33436

Country

USA

900009509089

12/13/02--01077--013 **758.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

MAY 12 2000

5. FEI Number

65-1003388

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

JOHN H. NONNI

REINSTATEMENT

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

200 KNUTH ROAD, Suite 112

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33436

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

John Nonni

REGISTERED AGENT MUST SIGN

Date

12/12/02

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
PO	JOHN H. NONNI	200 KNUTH ROAD, STE 112 BOYNTON BEACH, FL 33436	BOYNTON BEACH, FL 33436

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 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.

SIGNATURE:

John Nonni / **JOHN H. NONNI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/12/02

Daytime Phone #

5617334799

CR2E081 (9/01)