

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000050048

1. Corporation Name

DYNAMIC COMMUNICATION CONCEPTS, INC.

FILED

01 NOV -8 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

250 S. CONTRY RD. 427, SUITE 106  
LONGWOOD FL 32750

Mailing Address

250 S. CONTRY RD. 427, SUITE 106  
LONGWOOD FL 32750



REINSTATEMENT 2001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
420 Live Oak Blvd

City & State  
Casselberry, Florida

Zip  
32718

Country  
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
P.O. Box 181291

City & State  
Casselberry, Florida

Zip  
32718

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/16/2000

5. FEI Number

59-3651953

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	David Drew Allen	8832 Southern Breeze Dr.	Orlando, Florida 32836
			200004700802--2 -11/30/01--01063--017 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

CAMPBELL, JOHN M  
250 S. CONTRY RD. 427, SUITE 106  
LONGWOOD FL 32750

9. Name and Address of New Registered Agent

Name  
Susan Golden  
Street Address (P.O. Box Number is Not Acceptable)  
2811 Kent St  
Suite, Apt. #, Etc.  
F

City  
Eustis

State  
FL

Zip Code  
32726

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Susan Golden*  
REGISTERED AGENT MUST SIGN

Date

11/06/01

11. 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:

*David D. Allen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/06/01 407-831-6101  
Daytime Phone #

CR2040 (8/01)