

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93598 042 \*\*\*150.00

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # PO1000024969 ✓

1. Corporation Name

DYNAMIC TELEPHONE SYSTEMS, INC. ✓

673746

2. Principal Office Address

1666 N.E. 181 ST.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NORTH MIAMI BEACH, FLA.

Zip

Country

Zip

Country

33162

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04-01-01

5. FEI Number

651087779

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

WALTER N. REYES

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

1666 N.E. 181 ST.

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH FL

State

FL

Zip Code

33162

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

WALTER REYES  
REGISTERED AGENT MUST SIGN

Date 04-28-02

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
---	<u>WALTER N. REYES</u>	<u>1666 N.E. 181 ST.</u>	<u>N.M.B., FL 33162</u>

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)(f), 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:

WALTER REYES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-02

Date

(305) 956-2226

Daytime Phone #

CR2081 (9/01)