

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN 23 AM 7:09

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

08-09

DOCUMENT # P01000045611

1. Corporation Name

Dynamic Restaurant Group, Inc.

REINSTATEMENT

900156669609

06/02/09--01008--022 **300.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

500 NE Spanish River Blvd

3. Mailing Office Address

500 NE Spanish River Blvd

Suite, Apt. #, etc.

Ste 205

Suite, Apt. #, etc.

Ste 205

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/30/01

5. FEI Number
58-2626168

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

James Cosentino

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

500 NE Spanish River Blvd

Suite, Apt. #, Etc.

Ste 205

City

Boca Raton

State

FL

Zip Code

33431

☒ 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

James A. Cosentino
REGISTERED AGENT MUST SIGN

Date

4/30/09

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
Pres	JAMES A COSENTINO	500 NE SPANISH RIVER BLVD STE 205	BOCA RATON, FL 33431

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #