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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 03 OCT 17 PM 4:26

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 OCT 17 PM 4:26

FILED

DOCUMENT # P02000000094

REINSTATEMENT 03

500024009635
10/22/03--01017--016 **750.00

1. Corporation Name
DYNAMIK SPECIALTY DISTRIBUTORS, INC.

2. Principal Office Address	3. Mailing Office Address
4111 N. DAVIS HWY	PO BOX 12924
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA, FL	City & State: PENSACOLA, FL
Zip: 32507 Country: USA	Zip: 32591-2924 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 01-0678915 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: LEGAL ZOOM NEVADA, INC.

Street Address (P.O. Box Number is Not Acceptable): 395 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.: #301

City: CORAL GABLES State: FL Zip Code: 33134

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: _____ Date: 10-17-2003

REGISTERED AGENT MUST SIGN

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/D	ANTHONY R. JACOBS	4111 N. DAVIS HWY	PENSACOLA, FL 32507
VP/D	DANIEL MIGNAULT	6431 CHATHAM VIEW CT	WINDERMERE, FL 34786
TREAS/D	SIGURD E. LEE	4111 N. DAVIS HWY	PENSACOLA, FL 32507
SEC/D	AMAYA MIGNAULT	6431 CHATHAM VIEW CT	WINDERMERE, FL 34786

10. I certify that I am an officer or director of 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: _____ 9/29/03 850-453-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #