PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 30 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000115892

1. Corporation Name
Dynamyk Entertainment INC.

2. Principal Office Address	3. Mailing Office Address
411 SW 38 TERR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ftlauderdale, FLORIDA	City & State
Zip: 33312 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 10/1/02

5. FEI Number: 54-2081174 ☐ 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: SeBastian R. BROMFIELD
Street Address (P.O. Box Number is Not Acceptable): 411 SW 38 TERR
Suite, Apt. #, Etc.
City: Ftlauderdale State: FL Zip Code: 33312

200050603042
04/13/05--01004--015 **300.00

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: X SeBastian R Bromfield Date: 2/22/05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
Director	SeBastian R. Bromfield	411 SW 38 TERR	Ftlauderdale, FL 33312
Officer	Jermaine Archibald	2451 NW 64 Ave	Sunrise FL 33313
Officer	Towain Brimm	1070 NW 26 Ave	Ftlauderdale, FL 33311

200050603042
04/13/05--01004--014 **150.00

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: X SeBastian R Bromfield Date: 2/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Director
SeBastian R Bromfield