2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000022920

1. Entity Name
DYNAMIC REALTY & INVESTMENTS, INC.

Principal Place of Business
1870 FOREST HILL BLVD
212
WEST PALM BEACH, FL 33406 US

Mailing Address
1870 FOREST HILL BLVD
212
WEST PALM BEACH, FL 33406 US

REINSTATEMENT 04-05

03182005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
148 PARK AVE	148 PARK AVE
Suite, Apt. #, etc. D & E	Suite, Apt. #, etc. D & E
City & State LAKE PARK	City & State LAKE PARK
Zip 33403 Country PBC	Zip 33403 Country PBC

4. FEI Number 76-0725380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
LEGER, IMELES
1870 FOREST HILL BLVD
212
WEST PALM BEACH, FL 33406

7. Name and Address of New Registered Agent
Name: Arlande L. Leger
Street Address (P.O. Box Number is Not Acceptable): 551 Sabal Palm DR
City: Lake PARK FL Zip Code 33403

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
3/19/2005
DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

Field	Entry	
TITLE	P	☒ Delete
NAME	LEGER, IMELES	
STREET ADDRESS	1870 FOREST HILL BLVD, STE. 212	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	P	☐ Delete
NAME	Imeles Leger	
STREET ADDRESS	748 PARK Ave ste D & E	
CITY-ST-ZIP	LAKE PARK FL. 33403	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Field	Entry	
TITLE	Vice President	☐ Change ☒ Addition
NAME	Arlande Leger	
STREET ADDRESS	551 Sabal Palm DR.	
CITY-ST-ZIP	LAKE PARK FL. 33403	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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04/20/05--01007--013 **300.00

FILED
05 APR 15 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/2005
Date

Daytime Phone #

T. Roberts APR 18