


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000029976 1. Entity Name DYNAMIC TUTORING & SYSTEMS, INC.	
-------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 8751 NW 57TH STREET TAMARAC, FL 33321 <i>3683 NW 91 LN SUNRISE FL 33351</i>	Mailing Address 8751 NW 57TH STREET TAMARAC, FL 33321
--------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------

4. FEI Number 12272004 REIN-P	CR2E098 (6/04)	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
----------------------------------	----------------	--------------------------------------------------------------------------------------------



6. Name and Address of Current Registered Agent SUAREZ, CARLOS ANDRES 8751 NW 57TH STREET TAMARAC, FL 33321
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

5. Certificate of Status Desired **REINSTATEMENT** **REGISTRATION**
 \$8.75 Additional Fee Required

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D SUAREZ, CARLOS ANDRES 8751 NW 57TH STREET 3683 NW 91 LN TAMARAC, FL 33321 SUNRISE FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition 200043798532 01/03/05--01025--011 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V P SUAREZ, CARLOS ARTURO 4485 NW 99 WAY SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carlos Suarez 12/28/04 954 742 4468

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