

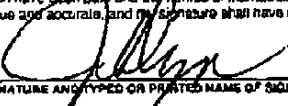
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BUSH ROSS P A

NO. 3130 P. 3

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000080401					
1. Corporation Name DYN INVESTMENTS, INC.					
2. Principal Office Address - No P.O. Box if 1206 S. GUNBY AVENUE			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State TAMPA, FLORIDA			City & State		
Zip 33606	Country USA	Zip	Country		
4. Date Incorporated or Qualified To Do Business in Florida MAY 19, 2004					
5. FEI Number 20-1144997				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name JOHN N. GIORDANO					
Street Address (P.O. Box Number is Not Acceptable) 220 S. FRANKLIN ST.					
Suite, Apt. #, Etc.					
City TAMPA				State FL	Zip Code 33602
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 11-9-07					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PST	JOHN DYN	1206 S. GUNBY AVENUE		TAMPA, FL 33606	
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:  11/9/07 8137840123					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

REINSTATEMENT

CR2E081 (1/07)

MAY 19, 2004

20-1144997

Applied For
Not ApplicableCERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee required for a Certificate of Status

☒ 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.

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 #

2/2

Florida Department of State
Division of Corporations
Public Access System

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Account Number : I19990000150
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CORPORATION REINSTATEMENT

DYN INVESTMENTS, INC.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$1,056.75

\$1,458.75

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