

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000096174

Entity Name: DYNAMIC CARPENTERS, INC.

FILED
Jan 23, 2007
Secretary of State

Current Principal Place of Business:

33 DORCHESTER DRIVE SOUTH
GREENACRES, FL 33463

New Principal Place of Business:

16356 EAST GLASGOW DRIVE
LOXAHACHEE, FL 33470

Current Mailing Address:

33 DORCHESTER DRIVE SOUTH
GREENACRES, FL 33463

New Mailing Address:

16356 EAST GLASGOW DRIVE
LOXAHACHEE, FL 33470

FEI Number: 20-1290284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORES, LUIS A
33 DORCHESTER DRIVE SOUTH
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

MORELL, PETER
16356 EAST GLASGOW DRIVE
LOXAHACHEE, FL 33470 US

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.

SIGNATURE: PETER MORELL

01/23/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARRISON, AMANDA
Address: 33 DORCHESTER DRIVE SOUTH
City-St-Zip: GREENACRES, FL 33463

Title: VP () Delete
Name: FLORES, LUIS A
Address: 33 DORCHESTER DRIVE SOUTH
City-St-Zip: GREENACRES, FL 33463

Title: D () Delete
Name: MORELL, PETER
Address: 33 DORCHESTER DRIVE SOUTH
City-St-Zip: GREENACRES, FL 33463

Title: D (X) Delete
Name: TAPIA, DAVID
Address: 33 DORCHESTER DRIVE SOUTH
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HARRISON, AMANDA
Address: 16356 EAST GLASGOW DRIVE
City-St-Zip: LOXAHACHEE, FL 33470

Title: O/D (X) Change () Addition
Name: TAPIA, DAVID
Address: 16356 EAST GLASGOW DRIVE
City-St-Zip: LOXAHACHEE, FL 33470

Title: O/D (X) Change () Addition
Name: MORELL, PETER
Address: 16356 EAST GLASGOW DRIVE
City-St-Zip: LOXAHACHEE, FL 33470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER MORELL

O/D

01/23/2007

Electronic Signature of Signing Officer or Director

Date