

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000127946

1. Corporation Name

Dynamic Dual Enterprises, Inc

07 APR 23 AM 8:53

CLERK OF STATE
TALLAHASSEE, FLORIDA

900102636499
05/16/07--01027--029 **450.00

REINSTATEMENT 05-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
419 Scotland Street

Suite, Apt. #, etc.

City & State
Dunedin, Florida

Zip
34698

Country
Pinellas

3. Mailing Office Address
419 Scotland Street

Suite, Apt. #, etc.

City & State
Dunedin, Florida

Zip
34698

Country
Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida **9/02/2004**

5. FEI Number **77-0649916**

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
Robin Husbands-Cauchy

Street Address (P.O. Box Number is Not Acceptable) **419 1/2 Scotland Street**

Suite, Apt. #, Etc.

City
Dunedin

State
FL

Zip Code
34698

☒ 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.

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

Robin Husbands-Cauchy

Date **4/19/07**

REGISTERED AGENT MUST SIGN

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
Pres	Sherry-Lee Cook	419 Scotland Street	Dunedin, Florida 34698
VP	Terry S. Garcia	2814 Invale Drive	Glendale, CA 91208

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:

Sherry-Lee Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/4/21