

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 23 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P04000127946

1. Corporation Name

Dynamic Dual Enterprises, Inc

REINSTATEMENT 05-07
CR2E081 (1/07)

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

3. Mailing Office Address
419 Scotland Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Dunedin, Florida

City & State
Dunedin, Florida

Zip
34698

Country
Pinellas

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 #

RC 4/21