

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000018584

**FILED**  
**Oct 14, 2014**  
**Secretary of State**

**Entity Name:** DYNAMIC PHYSICAL THERAPY & SPORT ENHANCEMENT INC.

**Current Principal Place of Business:**

C/O AMY WILLIAMS  
6175 NW 153RD STREET, SUITE 325  
MIAMI LAKES, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O AMY WILLIAMS  
6175 NW 153RD STREET, SUITE 325  
MIAMI LAKES, FL 33014 US

**New Mailing Address:**

**FEI Number:** 52-2452555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, AMY  
6175 NW 153RD ST., STE. 325  
MIAMI LAKES, FL 33014 US

**Name and Address of New Registered Agent:**

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: AMY WILLIAMS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILLIAMS, AMY  
Address: 6175 NW 153RD ST., STE. 325  
City-St-Zip: MIAMI LAKES, FL 33014

I hereby 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 all other like empowered.

SIGNATURE: AMY WILLIAMS

PRES

10/14/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date