

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC 15 AM 11:58

DOCUMENT # p06000007194

1. Corporation Name

FUSION DYNAMICS, INC.

2. Principal Office Address - No P.O. Box #

13727 SW 152 ST.

Suite, Apt. #, etc.

STE: 294

City & State

MIAMI, FL

Zip

33177

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

800163669758
12/16/09--01005--017 **300.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/2006

5. FEI Number
02-0766216

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

LAMONT LEWIS

Street Address (P.O. Box Number is Not Acceptable)

13727 SW 152 ST.

Suite, Apt. #, Etc.

STE: 294

City

MIAMI

State

FL

Zip Code

33177

☒ 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

Lamont Lewis

REGISTERED AGENT MUST SIGN

Date

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
P/D	SUSAN LEWIS	13727 SW 152 ST. STE: 294	MIAMI, FL 33177
V/D	COURTNEY WHITE	13727 SW 152 ST. STE: 294	MIAMI, FL 33177
S/D	BASIL LEWIS	13727 SW 152 ST. STE: 294	MIAMI, FL 33177
D	WAYNE WALTERS	13727 SW 152 ST. STE: 282	MIAMI, FL 33177
			<i>B 12/16/09</i>

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify 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:

Susan Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #