

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -2 AM 11:27

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06000088638**

1. Corporation Name

**Dynamic Communications
Services, Inc**

800162404028
11/02/09--01045--015 **300.00

CR2E081 (12/08)

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

2111 Bellcrest CT

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Royal palm Bch

City & State

FL

Zip

33411

Country

USA

Zip

33411

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-17-2006

5. FEI Number

56-259 7633

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

Brian Wiggins

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

2111 Bellcrest CT

Suite, Apt. #, Etc.

City

Royal palm Bch

State

FL

Zip Code

33411

☒ 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

Brian Wiggins

Date **OCT 28, 2009**

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
President	Brian Wiggins	2111 Bellcrest CT	Royal palm Bch FL 33411

REINSTATEMENT

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:

Brian Wiggins **BRIAN WIGGINS**

Date

OCT 28, 2009

Daytime Phone #

561-352-8470