

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

15 AUG 18 AM 9:46  
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DOCUMENT # P11000085220

1. Corporation Name

**Dynamic Supply Corp**

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

7320 NW 12th St

Suite, Apt. #, etc.

#110

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Office Address

7320 NW 12th St

Suite, Apt. #, etc.

#110

City & State

Miami, FL

Zip

33126

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

9/27/2011

5. FEI Number

45-3459616

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

GBBPL Registered Agents, LLC

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

100 Almeria Avenue

Suite, Apt. #, Etc.

Suite 340

City

Coral Gables

State

FL

Zip Code

33134

900276178603  
08/18/15--01020--008 \*\*\$500.00

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

*P. G. W.*

Date 8/14/2015

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
P	Niada, Sussell Y.	7320 NW 12th St #110	Miami, FL 33126

**REINSTATEMENT**

AUG 18 2015

R. HUNT

10. E-mail Address: ra@gbopl.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Sussell Niada*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/2015

305-358-5100

Date

Daytime Phone #