

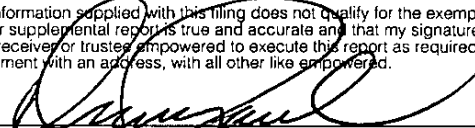


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
05 NOV -7 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P93000004144</b> 1. Entity Name DYNYNSTYL, INC.					
Principal Place of Business 572 S. COUNTRY CLUB DRIVE LAKE WORTH, FL 33462 US			Mailing Address PO BOX 4733 BOYNTON BEACH, FL 33424 US		
2. Principal Place of Business <b>214 SOUTH H STREET</b> Suite, Apt. #, etc. <b>#5</b>		3. Mailing Address <b>PO BOX 244733</b> Suite, Apt. #, etc.		 10242005 REIN-P CR2E098 (6/04)	
City & State <b>LAKE WORTH FL</b>		City & State <b>BOYNTON BEACH, FL</b>			
Zip <b>33460</b> Country <b>USA</b>		Zip <b>33424</b> Country <b>US</b>			
4. FEI Number <b>65-0381871</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
6. Name and Address of Current Registered Agent <b>PAUL DENNIS D</b> <b>572 S COUNTRY CLUB DRIVE</b> <b>ATLANTIS, FL 33462</b>					
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAUL, DENNIS D 572 S COUNTRY CLUB DRIVE ATLANTIS, FL 33462	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300061220943</b> <b>11/07/05--01065--023 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PAUL, DEBRA C 572 S COUNTRY CLUB DRIVE ATLANTIS, FL 33462	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			10/31/05 561-233-9900		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		