

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 FEB -6 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000010620**

1. Corporation Name

**DYNASTY BUILDING & DEVELOPMENT
INC.**

REINSTATEMENT 01-08

100117251721
02/06/08--01014--020 **1800.00
CR2E081 (12/07)

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

805 SE 16 PL

Suite, Apt. #, etc.

3. Mailing Office Address

805 SE 16 PL

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH

Zip

33441

Country

USA

City & State

DEERFIELD BEACH

Zip

33441

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/1994

5. FEI Number

650468089

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

JOHN M ROSS

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

805 SE 16 PL

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

☐ 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

REGISTERED AGENT MUST SIGN

Date **02/04/08**

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
Pres	JOHN M ROSS	805 SE 16 PL DEERFIELD BEACH FL 33441	DEERFIELD BEACH, FL 33441
Sec	JOHN M ROSS	Same	Same
Treas	JOHN M ROSS	Same	Same
Dir	JOHN M ROSS	Same	Same

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M ROSS

02/04/08

786 257 4917

Date

Daytime Phone #