

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000054060**

1. Corporation Name

DYNATECH INDUSTRIES, INC.

Principal Place of Business

**819 S FEDERAL HWY STE 106
STUART FL 34994**

Mailing Address

**819 S FEDERAL HWY STE 106
STUART FL 34994**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

**4313 SW Portway
Palm City, FL**

Suite, Apt. #, etc.

SAME

City & State
Palm City, FL

City & State
SAME

Zip
34990

Zip
34990

Country
USA

Country

REINSTATEMENT

91

4. Date incorporated or Qualified To Do Business in Florida

06/25/1996

5. FEI Number

65-0676087

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|--------------------|
| Pres. | Peter R. Stolper | 4313 SW Portway Palm City FL 34990 | |
| V.P. | Jana Stolper | SAME " " | |
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**300002356793-3
-11/25/97--01058--006
****750.00 ****750.00**

**JB
11-21-97**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**PAWLUC, SONIA M
819 S FEDERAL HWY STE 106
STUART FL 34994**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date **11-15-97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on Intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Jana Stolper VP **Jana Stolper** **11-15-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E040 (6/97)