

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

FILED

03 DEC -1 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P97000013915*

1. Corporation Name  
DYNAMIC INTERNATIONAL NETWORKS, INC.

2. Principal Office Address  
7380 SAND LAKE RD.

3. Mailing Office Address

Suite, Apt. #, etc.  
STE. 500

Suite, Apt. #, etc.

City & State  
ORLANDO, FLORIDA

City & State

Zip  
32819

Country  
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida 2-12-97

5. FEI Number  
595224905

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$9.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT 03**

7. Name and Address of Current Registered Agent

Name  
LUIS A. GALVIS

Street Address (P.O. Box Number is Not Acceptable)  
7380 SAND LAKE RD.

Suite, Apt. #, Etc.  
SUITE 500

City  
ORLANDO

State  
FL

Zip Code  
32819

100025128291  
12/01/03--01073--022 \*\*751.75

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

*Luis Galvis*

REGISTERED AGENT MUST SIGN

Date *11/26/03*

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	LUIS GALVIS	7380 SAND LAKE RD.	ORLANDO, FL 32819
D	ERNESTO URIBE	7380 SAND LAKE RD.	ORLANDO, FL 32819
T	APRIL CHAMBERLAIN	7380 SAND LAKE RD.	ORLANDO, FL 32819

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 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: *Luis Galvis* LUIS GALVIS - PRESIDENT Date: *26 NOV 2003* (407) 766-9243  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2801 (10/02)

27