

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P97000104737**

00 DEC -6 PM 12: 53

1. Corporation Name

DYNAMIC SERVICES, INC.

Principal Place of Business

Mailing Address

4402 SW 74TH AVENUE
MIAMI FL 33155
US

4402 SW 74TH AVENUE
MIAMI FL 33155
US



REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0800574

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	City / State / Zip
1	2	3	4
PD	CATARINEAU, RICHARD L	11237 SW 112TH ST.	MIAMI FL 33176
VD	WITT, MARK H	6860 SW 45 LANE #7	MIAMI FL 33155

800003499808--0
-12/13/00--01072--011
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~RESSLER, BARRY~~
~~9100 S DADELAND BLVD SUITE 404~~
~~MIAMI FL 33176~~

Name

SAUL B. Lipson

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

1515 University Dr. #222

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/30/00

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., 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NaBC, 2000

Date

Daytime Phone #

CR2E040 (8/00)