

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P98000081914

1. Corporation Name  
DYNO PERFORMANCE ENGINEERING, INC.

Principal Place of Business Mailing Address

8205 S.W. KANSAS AVENUE 8205 S.W. KANSAS AVENUE  
STUART FL 34997 STUART FL 34997

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. Suite, Apt. #, etc.


City & State City & State

Zip Country Zip Country

FILED

99 OCT 19 PM 3: 30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida 09/22/1996

5. FEI Number 65-0864476 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	City / State / Zip
D	KOLL, H. ERIC	9205 S.W. KANSAS AVENUE	STUART FL 34997
D	FOX, MICHAEL	3906 OAK BRANCH CIRCLE WEST	MEMPHIS TN 38135
D	KOLL, HENRY L	9205 S.W. KANSAS AVENUE	STUART FL 34997

100003026211--6  
-10/27/99--01054--024  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

CRARY, LAWRENCE E III  
555 COLORADO AVENUE  
SUITE 1  
STUART FL 34994

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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 Lawrence E. Crary III Date 10/15/99

REGISTERED AGENT MUST SIGN  
Lawrence E. Crary III

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: Henry L. Koll SECRETARY/Treasurer Date 10-15-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Henry L. Koll