

**CORPORATION
REINSTATEMENT**



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

10/2

FILED

01 OCT 22 AM 9:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P9900004279**

1. Corporation Name

DYNAMIC CARE, INC

2. Principal Office Address

609 MAITLAND AVE.

3. Mailing Office Address

609 MAITLAND AVE.

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

4

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

Zip

32701

Country

USA

Zip

32701

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

1-14-1999

5. FEI Number

59-3562271

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAMION LOPERTITO

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

609 MAITLAND AVE.

100004687691

11/19/01-01066-030

Suite, Apt. #, Etc.

4

******150.00 ****150.00**

City

ALTAMONTE SPRINGS

State
FL

Zip Code

32701

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10-16-01

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

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------------|-----------------------------------|--|--------------------|
| Pres. Secy. | DAMION LOPERTITO | same as above. | |
| | | | |
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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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-16-01

Daytime Phone #

407-260-0686

CREATED (10/5)

2012

October 16, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Dynamic Care, Inc. Reinstatement

To Whom It May Concern:

It has recently come to my attention that my corporation was dissolved. After going on line I was dismayed at the present "inactive" status of my corporation. You have two addresses listed for my business, one old (4401 S Orange Ave) and the other new and accurate (609 Maitland Ave). I requested the address change over a year ago. I do not understand why the mailing address was not corrected. My concern now is that the reinstatement fees are \$750. Please understand the incorporation thing is new to me. I am only one person with a small business and limited income. I am just starting to grow my business. I am sorry for not keeping up with the annual reports. I changed accountants last year and there was a gap in filing the reports. Due to the unchanged address I have not received any correspondence from your division.

Enclosed is a reinstatement application and \$150 for the annual fee. Please accept my request to waive the standard reinstatement fee. I will more diligent next year. I have also requested, via e-mail, that my mailing address be changed.

Thank you in advance for your patience and understanding.

Yours truly,



Damion S. Loperfito