

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

02 JUN 21 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000047395

1. Corporation Name

CKL Dynamics, Inc.

2. Principal Office Address

5772 N. Orange Blossom Tr

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32810

Country

USA

3. Mailing Office Address

6309 Oak Meadow Bend

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32819

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5-25-1999

5. FEI Number

59-3581890

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mary McGinnis

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

6309 Oak Meadow Bend

Suite, Apt. #, Etc.

City

Orlando FL 32819

State
FL

Zip Code

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

Mary McGinnis

REGISTERED AGENT MUST SIGN

Date 6-20-02

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 |
|--------|--------------------------------------|---|--|
| D | Mary McGinnis | 6309 Oak Meadow Bend | Orlando FL 32819 |
| | | | 700006071957-5 -06/27/02-01069-003 *****8.75 *****7.75 |
| | | | |
| | | | |
| | | | |

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: X

Mary McGinnis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-02

Date

407-291-3222

Daytime Phone #

CR2E081 (9/01)



UCC FILING & SEARCH SERVICES, INC.
526 East Park Avenue
Tallahassee, Florida 32301
(850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

June 21, 2002

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

CKL Dynamics, Inc.

Filing Evidence

☒ Plain/Confirmation Copy

☐ Certified Copy

Type of Document

☐ Certificate of Status

☒ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

Retrieval Request

☐ Photocopy

☐ Certified Copy

RUSH

| NEW FILINGS | |
|-------------|-------------------|
| | Profit |
| | Non Profit |
| | Limited Liability |
| | Domestication |
| | Other |

| AMENDMENTS | |
|------------|------------------------------------|
| | Amendment |
| | Resignation of RA Officer/Director |
| | Change of Registered Agent |
| | Dissolution/Withdrawal |
| | Merger |

| OTHER FILINGS | |
|---------------|------------------|
| | Annual Reports |
| | Fictitious Name |
| | Name Reservation |
| X | Reinstatement |

| REGISTRATION/QUALIFICATION | |
|----------------------------|-------------------|
| | Foreign |
| | Limited Liability |
| | Reinstatement |
| | Trademark |
| | Other |

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DIVISION OF CONSUMER PROTECTION

P93000008139 \$150.00

P98000080815 - \$300.00