

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG 18 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000103850

1. Corporation Name

Dynamic Performance International, Inc.

08/18/03 01038-001 **300.00

2. Principal Office Address

737 Main Street

Suite, Apt. #, etc.

#109

City & State

Safety Harbor, FL

Zip

34695

Country

Pinellas

3. Mailing Office Address

8713 Bay Crest Lane

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33615

Country

Hillsborough

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/24/99

5. FEI Number

59-3613141

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

TRACI R. BILD

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

8713 CREST LANE

Suite, Apt. #, Etc.

City

TAMPA, FL

State

FL

Zip Code

33615

200022378302

08/18/03--01038--001 **300.00

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

Traci R. Bild

REGISTERED AGENT MUST SIGN

Date

8/15/03

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/S/T	TRACI BILD	8713 CREST LANE	TAMPA, FL 33615
VP	DAVID BILD	8713 CREST LANE	TAMPA, FL 33615

REINSTATEMENT 02-08
8/15/03

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:

Traci R. Bild

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/03

Date

(93)835-3215

Daytime Phone #

CR2081 (10/02)