

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000002076

Entity Name: DYNAMIC CAMPUS SOLUTIONS, INC.

FILED
Oct 15, 2007
Secretary of State

Current Principal Place of Business:

27401 LOS ALTOS SUITE 305
MISSION VIEJO, CA 92691

New Principal Place of Business:

11486 CORPORATE BLVD
SUITE 151
ORLANDO, FL 32817 US

Current Mailing Address:

27401 LOS ALTOS SUITE 305
MISSION VIEJO, CA 92691

New Mailing Address:

11486 CORPORATE BLVD
SUITE 151
ORLANDO, FL 32817 US

FEI Number: 20-2903771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOMAN, THOMAS E
1361 WAYNE AVE
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS E HOMAN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: GLUBKE, MICHAEL
Address: 43 PAMELA WAY
City-St-Zip: COTO DE CAZA, CA 92679

Title: DS () Delete
Name: GLUBKE, JODY
Address: 43 PAMELA WAY
City-St-Zip: COTO DE CAZA, CA 92679

Title: DT () Delete
Name: HOMAN, THOMAS
Address: 1361 WAYNE AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: GLUBKE, MICHAEL
Address: 917 CAVALRY RIDE TRAIL
City-St-Zip: AUSTIN, TX 78732

Title: DS (X) Change () Addition
Name: GLUBKE, JODY
Address: 917 CAVALRY RIDE TRAIL
City-St-Zip: AUSTIN, TX 78732

Title: DT (X) Change () Addition
Name: HOMAN, THOMAS E
Address: 1361 WAYNE AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E HOMAN

DT

10/15/2007

Electronic Signature of Signing Officer or Director

Date