PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

FILED
00 DEC 14 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000023739

1. Corporation Name
3D CLASSICS INC.

2. Principal Office Address	3. Mailing Office Address
875 MEADOWS RD.	875 MEADOWS RD
Suite, Apt. #, etc. Suite 311	Suite, Apt. #, etc. suite 311
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33486 Country USA	Zip 33486 Country USA

REINSTATEMENT 00 SP

4. Date Incorporated or Qualified To Do Business In Florida 3-24-95

5. FEI Number 650571077 — Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: DOUGLAS F. MARTIN

Street Address (P.O. Box Number is Not Acceptable): 875 MEADOWS ROAD

Suite, Apt. #, Etc.: suite 311

City: BOCA RATON State: FL Zip Code: 33486

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: [signature] Date: Dec 13-2000
REGISTERED AGENT MUST SIGN

CR2E061 (9/99)

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/T/S D	DOUGLAS F MARTIN	875 Meadows Rd suite 311 Boca Raton	BOCA RATON FL 33486
			600003506136--9
			12/19/00 01077 013
			****758.75 ****758.75

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: [signature] Dec 13-2000 561-368-5488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #