

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P95000023739**

1. Corporation Name

3D CLASSICS, INC.
875 MEADOWS RD #311
BOCA RATON, FL 33486

2. Principal Office Address

875 MEADOWS RD

3. Mailing Office Address

Suite, Apt. #, etc.

311

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

33486

Country

FLORIDA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/24/95

5. FEI Number

65-0571077

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

DOUGLAS F MARTIN

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

875 MEADOWS RD

Suite, Apt. #, Etc.

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 **11/7/01**

REGISTERED AGENT MUST SIGN

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
CEO	DOUGLAS F MARTIN	875 MEADOWS RD #311	BOCA RATON, FL 33486

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)(g), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/01 661-368-5488

Date

Daytime Phone #

CR2001 (9/01)