

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Glenn E. Flood
Secretary of State
DIVISION OF CORPORATIONS

745
FILED

1. DOCUMENT # L02000000745

Name and Mailing Address

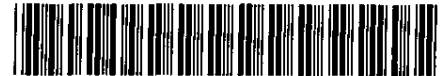
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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3DCI LLC

15344 SW 51ST MNR
DAVIE FL 33331-2847



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/09/2002	
Principal Place of Business 15344 SW 51ST MNR DAVIE FL 33331	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 04-3588198	Applied For Not Applicable
8. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE FL 32301-0000		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Elizabeth Lowenthal Street Address (P.O. Box Number is Not Acceptable) 15344 SW 51ST MNR City Davie FL Zip Code 33331			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Elizabeth Lowenthal REGISTERED AGENT MUST SIGN Date 12/8/03			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GARDIPEE ELIZABETH Lowenthal, Elizabeth married	13455 SW 51ST MNR 15344	DAVIE FL 33331
MGRM	Lowenthal, Douglas	15344 SW 51ST MNR	Davie FL 33331
000025453580 12/12/03 01013 014 **150.00			
REINSTATEMENT 2003			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Elizabeth Lowenthal

Date 12/8/03

Daytime Phone # 954-325-4314

Typed or printed name of signing Managing Member/Manager