PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR [redacted]

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

FILED
99 MAR -2 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004551

1. Corporation Name "D" 1ST DIMENSION OF MIA INC

100002806081--1
-03/15/99--01114--001
****122.50 ****122.50

Principal Place of Business	Mailing Address
18715 N.W 10 Ct. Miami, FL. 33169.	18715 N.W. 10 Ct. MIAMI FL 33169

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 8/30/96

5. FEI Number: 65-0742684 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	RAGOONAN IAN M	18715 NW 10 Ct	Miami FL 33169
D	Hinkson-Ragoonan Joon	18715 N.W 10 Ct	Mia FL 33169
D	Yearwood MALCOLM	10690 Washington ST. #105	Pembroke Pines FL
D	King Ann MARIE	18200 NW 20 Ave #19	Miami FL 33056
D	Chery DONAVAN	930 N.W 200 ST	Miami FL 33169
D	TYSON KURT O	936 Dunad Ave	OPA-LOCKA FL 33054

8. Name and Address of Current Registered Agent

~~Joan~~ RAGOONAN, ~~JOAN~~ Hinkson
18715 N.W 10 Ct
Mia. FL 33169

9. Name and Address of New Registered Agent

Name: B 98-99 AR 3/4/99
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: J.I. Ragoonan — REGISTERED AGENT MUST SIGN — Date: 2/16/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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: J.I. Ragoonan — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2/16/99 — Daytime Phone #: 305-694-3782

CR2E080 (12-98)

JOAN RHEOONAN
18715 NW 10TH CT
MIAMI,FL. 33169

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Request taken by: yfisher
01-13-1999

The forms you recently requested from this office are:

(1) 203. Reinstatement (Corp)

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

2/16/99 - To: Whom it may Concern.
As per Telephone Conversation, I am enclosing a check in the Amt of $122.50. for 1998 + 1999. I mailed the annual documents in May of 1998 and was never informed of the dissolution of the Corp. I would appreciate your consideration for waiving the Reinstated fee's.
Very Respectfully Yours
Joan Rheoonan D.J. Rheoonan