

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -8 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000004587

1. Corporation Name

FIFTH DIMENSION INC.
4700 SW 111TH TERRACE
FT LAUDERDALE, FL 33328

2. Principal Office Address

4700 SW 111TH TERR
Suite, Apt. #, etc.

3. Mailing Office Address

4700 SW 111TH TERR
Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE, FL

Zip

33328

Country

USA

Zip

33328

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/10/2000

5. FEI Number

65-0996701

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

TERESA CARLO

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

4700 SW 111TH TERRACE

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33328

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**

Teresa Carlo

Date 2/19/03

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
PD	JASON KAUFMAN	4700 SW 111TH TERR	FT LAUDERDALE, FL 33328
STD	TERESA CARLO	4700 SW 111TH TERR.	FT LAUDERDALE, FL 33328

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JASON KAUFMAN, PRES. 2/19/03 954-553-5201

Date

Daytime Phone #

CR2E081 (10/02)

2012

FIFTH DIMENSION, INC.
4700 SW 111TH TERRACE
FORT LAUDERDALE, FLORIDA 33328

February 19, 2003

Department of State
Division of Corporations –
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Fifth Dimension, Inc.
Document # P00000004587

Gentlemen:

As an owner and officer of the above referenced corporation, I am writing you to request reinstatement of this corporation. I am requesting a one-time waiver of any reinstatement fees for 2001 and 2002 based upon the following reasons. We never received our Annual Reports for 2001 and 2002. This is the first time I have ever owned and operated a corporation, and I was not aware of this annual filing requirement. I would have filed the Annual Report if we had received it, but that was not the case. My accountant has since brought the annual filing requirement to my attention. He said that the registered agent should have informed us as well. We have changed the registered agent as indicated on the enclosed reinstatement form. I will file the Uniform Business Reports for future years in a timely manner (on or before May 1).

I have enclosed a completed corporation reinstatement form, along with a check for \$450 payable to the Department of State representing the annual fees for the years 2001, 2002 and 2003. Based upon the above information, please reinstate my corporation and grant me the one-time waiver of reinstatement fees. Thank you in advance for your cooperation.

Sincerely,

Teresa Carlo

Teresa Carlo

Enclosures