

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 28 PM 1:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000067856

1. Corporation Name

DIMENSIONI IMPORTS INC

2. Principal Office Address

513 LINCOLN ROAD

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33139

Country

US

3. Mailing Office Address

2525 N STATE ROAD 7

Suite, Apt. #, etc.

115

City & State

HOLLYWOOD, FL

Zip

33021

Country

US

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

7/10/2001

5. FEI Number

65-1126961

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name **STEVE Z LEVY**

Street Address (P.O. Box Number is Not Acceptable) **2525 N STATE ROAD 7**

Suite, Apt. #, Etc. **115**

City **HOLLYWOOD**

500027709365
01/28/04--01017--022 **600.00
500027709365
01/28/04--01017--023 **150.00

State
FL

Zip Code
33021

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

REGISTERED AGENT MUST SIGN

Date **1/22/04**

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	MERVYN BRODY	24 NE 16 AVE	FT LAUDERDALE, FL 33301
VP	ISAAC AMSELEM	513 LINCOLN ROAD	MIAMI BEACH, FL 33139

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

1/22/04

Date

305-538-9947

Daytime Phone #

CR2E081 (10/02)