

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 16 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000088031

1. Corporation Name

X3D Technologies, Inc

800032966568
04/16/04--01052--005 **450.00

2. Principal Office Address

P.O. Box 1955

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

Zip

33475

Country

USA

3. Mailing Office Address

P.O. Box 1955

Suite, Apt. #, etc.

City & State

Hobe Sound, FL

Zip

33475

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/7/2001

5. FEI Number

651134619

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

Ben Brown

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

625 North Flagler Drive

Suite, Apt. #, Etc.

Suite 401

City

West Palm Beach

State

FL

Zip Code

33401

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]

REGISTERED AGENT MUST SIGN

Date

4/14/04

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
officer	John C. Textor	P.O. Box 1955 Hobe Sound, FL 33475	Hobe Sound, FL 33475
Director	Rene Eichenberger	One North Clematis St. Suite 510	West Palm Beach, FL 33401

REINSTATEMENT 02-04

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

Date

April 7, 2004 772 5479000

Daytime Phone #

CR2E081 (01/04)

PAER 2042

X3D Technologies, Inc.
P.O. Box 1955
Hobe Sound, Florida 33475

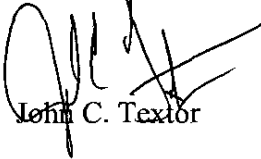
April 1, 2004

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

Department of State,

Please see the attached reinstatement form for X3D Technologies, Inc. X3D Technologies, Inc. did not receive its annual reports for the years 2002 or 2003. In light of this, please waive any reinstatement fee. Please note the change of address on the attached. Please feel free to contact me with any questions or comments at (772) 545-9025.

Sincerely,



John C. Textor