


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -8 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000144224	
1. Entity Name THREE DIMENSION, INCORPORATED	

Principal Place of Business 4000 S.W. 47TH STREET SUITE K-9 GAINESVILLE, FL 32608	Mailing Address 4000 S.W. 47TH STREET SUITE K-9 GAINESVILLE, FL 32608
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2. Principal Place of Business - No P.O. Box # 8401 NW 13th Street	3. Mailing Address 8401 NW 13th Street
Suite, Apt. #, etc. Lot #201	Suite, Apt. #, etc. Lot #201

City & State Gainesville, FL	City & State Gainesville, FL
Zip 32653	Country USA



11062007 REIN-P CR2E098 (1/07)

4. FEI Number 02-0732403	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FOX, WAYNE A 4000 S.W. 47TH STREET SUITE K-9 GAINESVILLE, FL 32608 <i>Wayne A. Fox</i>	7. Name and Address of New Registered Agent Name Wayne A. Fox Street Address (P.O. Box Number is Not Acceptable) 8401 NW 13 Street, Lot #201 City Gainesville FL Zip Code 32653
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Wayne A. Fox, Pres. 11/05/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FOX, WAYNE A 4000 S.W. 47TH STREET, STE K-9 GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8401 NW 13th Street, Lot #201 Gainesville, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500112133405 11/08/07--01063--009 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne A. Fox Wayne A. Fox, Pres. 352-377-3269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 11/05/2007 Date Daytime Phone #

11/13