


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 AUG -5 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000154478

1. Corporation Name

Multi-Dimension Support Services Inc

2. Principal Office Address - No P.O. Box # 5217 SW 153RD AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 5217 SW 153RD AVENUE Suite, Apt. #, etc.	
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL	
Zip 33027	Country USA	Zip 33027	Country USA

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida 11-12-2004

5. FEI Number 20-1872943 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
ANNETTE CHRISMAN

Street Address (P.O. Box Number is Not Acceptable)
5217 SW 153RD AVENUE

Suite, Apt. #, Etc.

City HOLLYWOOD State FL Zip Code 33027

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____ Date _____

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
P	ANNETTE CHRISMAN	5217 SW 153RD AVENUE	HOLLYWOOD FL 33027
VP/S	FREDERICK H KRAUS	5217 SW 153RD AVENUE	HOLLYWOOD FL 33027

REINSTATEMENT
06-08

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08/05/08--01026--001 **450.00

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 contained in Chapter 119, 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: *Annette Chrisman* Date: *8-4-08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #