<u></u>	UMENT #102000	OLDS TO	Metary of State	FILED	
	DIMENSION 2	II FINA	Ncial, INC.	97 NOV 10 PM 1: 0 SECRETARY OF STA	
	Place of Business	Mailing Address	(SAME)	TALLAHASSEE, FLOR	RIDA
76	51 AShley PAR RLANDO, FL.	32835	ut & 405	#	
If above addresses are incorrect in any way, line the 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State		3. New Mailing C	Office Address, If Applicable PShley PARK CT	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For Not Applied	
		Suite, Apt. #, etc.	/ · · · · · · · · · · · · · · · · · · ·		
Zip	Country	210 283 8	JDO EC.	- 6. \$8.75 Add	ditional Fee requi
7. Names	and Street Addresses of Each Officer a	nd/or Director (Florida			
Title(s)	Name of Officers and/or Directors	3	Street Address of Eacl Officer and/or Directo (Do NOT Use Post Office Box I	r City / State / Zu	p
PERSIDE	490 Bunsay	7	651 Ashley PARK	CH. ORLANDO, F.	
VP.	DAVID BURSAY	4 7	651 Ashley Pi	mkel. Onlawoo, 1	= c. 328;
		•	wite 405		
			suite 405	40000234520]44
			suite 405	40000234520	04
	Name and Address of Curre		wite 905	40000234520 -11/12/970110 ******8.75 ** 40000234520 -11/12/970110	0-4
750		nt Registered Agent	Name	4000234520 -11/12/970110 ******8.75 ** 4000234520 -11/12/970110 ****165.00 **	0-4
) Jo		nt Registered Agent	Name	4000234520 -11/12/970110 ******8.75 ** 4000234520 -11/12/970110 *****165.00	0-4
750	B. Name and Address of Curre Burs Ey 51 AShley Par	nt Registered Agent	Name Street Address (I	4000234520 -11/12/970110 ******8.75 ** 4000234520 -11/12/970110 ****165.00 9. Name and Address of New Registered Agent	0.4
	Bursky 151 Ashley PAI PRLANDO, FC.	nt Registered Agent RKCY. Su 3 2835	Name Name Street Address (If Suite, Apt. #, Etc.)	4000234520 -11/12/97-0110 ******8.75 ** 4000234520 -11/12/97-0110 ****165.00 ** 9. Name and Address of New Registered Agent	0.4
	Bursky 51 AShley Par PRCANDO, FC.	nt Registered Agent RKCY. Su 3 2835	Name Street Address (f Suite, Apt. #, Etc City n, am familiar with and accept the o	4000234520 -11/12/97-0110 ******8.75 ** 4000234520 -11/12/97-0110 ****165.00 ** 9. Name and Address of New Registered Agent	0.4
10. I, being Signature o Registered	Bursky 51 AShley Par PRCANDO, FC.	nt Registered Agent RK CF. Su 3 283 S above named corporatio	Name Street Address (I Suite, Apt. #, Etc City In, am familiar with and accept the o	4000234520 -11/12/970110 ******8.75 ** 4000234520 -11/12/970110 *****165.00 9. Name and Address of New Registered Agent P.O. Box Number is Not Acceptable) State Zip C FL bligations of Section 607.0505, F.S.	13-005 *****8.75



Department of State Division of Corporations 409 E Gaines Street Tallahassee, Florida 32399

Attention: Leslie

Jentlemen:

Ve enclose via overnight service, the reinstatement form we discussed this morning in behalf of Dimension III Financial, Inc. along with two checks you requested. The first check pays for the initial report fee which you indicated you would accept the fact that the report we filed on March 27, 1997 did not arrive in your

We also enclose a check in the amount of \$8.75 to obtain a Certificate of Good Standing which we would appreciate your returning to us with the enclosed prepaid airbill.

Think you for your efforts. We have a real estate closing next week that requires the Certificate of Good Standing and until we asked for it did not know that the Earlier report had not been received in your offices.

Dursey President Eddosures