

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 23 PM 4:15

DEPT OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # P95000017122

1. Corporation Name

3D CAD, INC.

2. Principal Office Address - No P.O. Box #

1900 SW 3rd Ave

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33129

Country

USA

3. Mailing Office Address

1900 SW 3rd Ave

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33129

Country

USA

REINSTATEMENT

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1995

5. FEI Number
65-0561984

☐ 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

Marwan Iskandar

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

1900 SW 3rd Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33129

☒ 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

REGISTERED AGENT MUST SIGN

Date

12/22/09

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
D/P	Marwan Iskandar	1900 SW 3rd Ave	Miami, Florida 33129
			12/23/09--01033--012 **2100.00 700163919827
			12/23/09--01033--014 **8.75

10. E-mail Address: **N/A**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Marwan Iskandar, D/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-285-8800

Daytime Phone #