

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 18 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000048716

1. Corporation Name

VIRTUAL 3D, INC.

Principal Place of Business

Mailing Address

720 E PALMETTO PARK RD
BOCA RATON FL 33432
US

720 E PALMETTO PARK RD
BOCA RATON FL 33432
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/1996

SP

5. FEI Number

65-0672931

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KARRAM, DAVID	720 E PALMETTO PARK RD	BOCA RATON FL
VP	KARRAM, ALFRED SR	720 E PALMETTO PARK ROAD	BOCA RATON FL 33432
VP	KARRAM, EMILIA	720 E PALMETTO PARK RD	BOCA RATON FL 33432

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11/07/00-01066-008
***758.75 ***758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAMBY, LOUIS L III

821 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

Name

ALFRED KARRAM SR.

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

720 EAST PALMETTO PARK RD

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/16/00

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 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

Daytime Phone #

561-394 8598