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<b>APPLICATION FOR REINSTATEMENT</b>		<div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</div> <div style="text-align: right; font-size: small;">DO NOT WRITE IN THIS SPACE</div> <div style="text-align: center; font-size: x-large; font-weight: bold;">AND FILED</div> <div style="text-align: center; font-size: large;">98 DEC 21 AM 10: 51</div> <div style="text-align: center; font-size: large; font-weight: bold;">SECRETARY OF STATE</div>			
Read Instructions on Other Side Before Making Entries <b>Make Check Payable To: Department of State</b>		<div style="font-size: small;">2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.</div> <div style="border-bottom: 1px solid black; font-size: small;">Address</div> <div style="border-bottom: 1px solid black; font-size: small;">Address</div> <div style="border-bottom: 1px solid black; font-size: small;">City and State</div> <div style="text-align: center; font-size: x-large; font-weight: bold;">REINSTATEMENT 08</div>			
<div style="font-size: small;">1. Name and Mailing Address of Corporation:</div> <div style="font-size: large; font-weight: bold;">DOCUMENT # P97000023752</div> <div style="font-size: large; font-weight: bold;">DIMENSION CORP. 8440 N.W. 66 Street Miami, Fl. 33166</div>		<div style="font-size: small;">3. Date Incorporated or Qualified To Do Business in Florida</div> <div style="font-size: large; font-weight: bold;">3/17/97</div> <div style="font-size: small;">4. FEI Number</div> <div style="font-size: large; font-weight: bold;">65-0736107</div> <div style="font-size: small;">FEI Number Applied For</div> <div style="font-size: small;">FEI Number Not Applicable</div> <div style="font-size: small;">5. <b>\$8.75 Additional Fee required for a Certificate of Status</b></div> <div style="font-size: small;">CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></div>			
6. Names and Street Addresses of Each Officer and/or Director					
1	Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4	City and State
	P.S.D	JOAO CARLOS WURTH	8440 N.W. 66 Street		Miami, Fl. 33166
300002725263--1 -12/29/98--01074--024 ****750.00 ****750.00					
REINSTATEMENT 08					
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent and/or Office		
<div style="font-size: large; font-weight: bold;">JOAO CARLOS WURTH 8440 N.W. 66 Street Miami, Fl. 33166</div>			<div style="font-size: small;">Name</div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> <div style="font-size: small;">Street Address (Do NOT Use P.O. Box Number)</div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> <div style="font-size: small;">Street Address (Do NOT Use P.O. Box Number)</div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> <div style="font-size: small;">City and State</div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> <div style="font-size: small;">Zip</div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div>		
9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
<div style="font-size: small;">Signature of Registered Agent</div> <div style="font-size: large; font-weight: bold;">[Signature]</div>			<div style="font-size: small;">Date</div> <div style="font-size: large; font-weight: bold;">11/25/98</div>		
REGISTERED AGENT MUST SIGN					
10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for information on intangible tax.)					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
<div style="font-size: small;">Signature of Officer or Director</div> <div style="font-size: large; font-weight: bold;">[Signature]</div>			<div style="font-size: small;">Date</div> <div style="font-size: large; font-weight: bold;">11/25/98</div> <div style="font-size: small;">Daytime Phone #</div> <div style="font-size: large; font-weight: bold;">305-597-9666</div>		
Typed or printed name of signing officer or director					

CR2E040 (8/92)