

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000055580

1. Corporation Name

3-D PROPERTIES, INC.

Principal Place of Business

Mailing Address

1112 WESTON RD., SUITE 126
FT. LAUDERDALE FL 33326

1112 WESTON RD., SUITE 126
FT. LAUDERDALE FL 33326

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 98

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1997

5. FEI Number

☒ 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)

1 Title(s)	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 / State / Zip
PDS	DILEO, PETER	3100 SW 131ST. TERR.	DAVIE FL 33330
VP	Panzer, John	22473 Middletown Drwe	Boon Raton FL 33428
			400002708274--8 -12/09/98--01114--026 ****200.00 ****200.00
			400002708274--8 -12/09/98--01114--027 ****550.00 ****550.00

8. Name and Address of Current Registered Agent

DILEO, PETER
3100 SW 131ST TERR.
DAVIE FL 33330

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Peter Dileo **FE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11/24/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(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., 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:

Peter Dileo **FE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/98
Date

954-683-5468
Daytime Phone #

CR2E040 (9/98)