PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P97000108920

1. Corporation Name

DIMENSION MOTORS, INC.

Principal Place of Business

Mailing Address

1718 NW 38TH STREET LAUDERHILL FL 33311

2301 N.W. 87TH AVENUE

SUNRISE FL 33322

FILED 01 JUL 27 PM 4: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address If Applicable 1718 NW 38th Auenu 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 12/30/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 65-0860650 City & State Not Applicable Ft. Lauderdale Ft. Lauderdole \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director Ρ SINGH, SUBASH 2301 N.W. 87TH AVENUE SUNRISE FL 33322 ٧ SINGH, DEVENDRA 2301 N.W. 87TH AVENUE SUNRISE FL 33322 Singh, Mahendra T Sunnise FL 33322 ****908.75 ****908.75 8. Name and Address of Current Registered Agent 🔏 🖫 🖤 9. Name and Address of New Registered Agent Subash SINGH, SUBASH Street Address (P.O. Box Number is Not Acceptable) -2301 NW-87TH AVENUE veriue Suite, Apt. #, Etc SUNRISE FL-33322 Zip Code 33311 State 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. 民国的 Signature of Registered Agent REGISTERS AGENT MUST SIGN 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 filling

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. 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

7/25/2001

(954)735-9944

Daytime Phone #