APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

00 OCT -2 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500003417715--9
-10/06/00--01130--005
****750.00 ****750.00

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000069234

1. Corporation Name
4-D INTERNATIONAL INVESTMENTS, INC.

2. Principal Office Address	3. Mailing Office Address
15590 NW 15th Avenue	15590 Northwest 15th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33169 Country: USA	Zip: 33169 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8-4-99

5. FEI Number: 65-0942573 ☐ 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

REINSTATEMENT 2000

Name: Ana M. Diaz

Street Address (P.O. Box Number is Not Acceptable): 3261 Southwest ~~134th~~ Avenue

Suite, Apt. #, Etc.

City: Miami State: FL Zip Code: 33175

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: X Ana M. Diaz Date: 9-29-00
REGISTERED AGENT MUST SIGN

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
P & D	Sheridan Dickinson	15590 NW 15th Ave	Miami, FL 33169
VP & D	Jaime Dickinson	15590 NW 15th Ave	Miami, FL 33169
D	Sheridan Dickinson	15590 NW 15th Ave	Miami, FL 33169
S	Ana M. Diaz	3261 Southwest ~~134~~ Ave	Miami, FL 33175

10. 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 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: X Sheridan Dickinson 9-29-00 305-627-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #