

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC 26 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000091104**

**1. Corporation Name**

**MULTIDIMENSION TECHNOLOGIES, INC.**

**REINSTATEMENT** *01-02*

**300009687083**

12/26/02--01020--015--\*\*900.00

**2. Principal Office Address**

1601 NW 97th Avenue

Suite, Apt. #, etc.

619 SJO

City & State

Miami, Florida

Zip

33102

Country

USA

**3. Mailing Office Address**

1601 NW 97th Avenue

Suite, Apt. #, etc.

619 SJO

City & State

Miami, Florida

Zip

33102

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

October 15, 1999

**5. FEI Number**

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**

Name

Miami Corporate Systems, Inc.

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

283 Catalonia Avenue

Suite, Apt. #, Etc.

Second Floor

City

Coral Gables

State  
**FL**

Zip Code

33134

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date December 4, 2002

**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
D	Juan M. Roman	1601 NW 97th Ave., 6419 SJO	Miami, Florida 33102

**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 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

Juan M. Roman

Date

Daytime Phone #

2/18 Dec / 2002 (941) 408-1258

CR2E081 (9/01)

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