

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000104903

1. Corporation Name

ANOTHER DIMENSION, INC.

Principal Place of Business

4148 US HWY 19 NORTH
NEW PORT RICHEY FL 34652

Mailing Address

4148 US HWY 19 NORTH
NEW PORT RICHEY FL 34652

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1999

5. FEI Number

59-3619753

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BALESTIRERI, MICHAEL	4148 U.S. HWY 19, N	NEW PORT RICHEY FL 34652
VP	BALESTIRERI, GEORGE	6938 CORONET DR.	NEW PORT RICHEY FL 34655

300024081663
10/24/03--01023--018 **150.00

8. Name and Address of Current Registered Agent

BALESTIRERI, MICHAEL
4148 US HWY 19 NORTH
NEW PORT RICHEY FL 34652

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-20-03

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 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

Date

10/21/03 727372857

Daytime Phone #

CR2E040 (7/03)

To whom it may concern,

I have just received my corporation cease papers and am taking immediate action. I have had problems with my mail before and have contacted the post office in the past. I rent three store fronts side by side and they are all different addresses (4144, 4146, 4148) and I believe this is what is causing the confusion. In the paperwork you sent me it stated if I had not received the notice I would have to send in a statement along with my check. I hope this is sufficient. If you have any questions please contact me at 727-847-7551.

Sincerely,

Mike Balestrieri President

A handwritten signature in black ink, appearing to read "Mike Balestrieri", with a stylized flourish at the end.