

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
MAR 24 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 583616
1. Corporation Name
Dimensional Holdings, Inc

Principal Place of Business Mailing Address
Dimensional Holdings, Inc Same
One Design Center Place
Suite 715
Boston, MA 02210
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

97-99
AD

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

4. Date Incorporated or Qualified To Do Business in Florida 9/30/91
5. FEI Number not applicable 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
P/D	Levis-Thorne, Ladd M.	28 Build Road	Dedham, MA 02026
v/c	Levis, James N.	30 monument st. Unit 301	Charlestown, MA 02129
D	Farrar, Ross	14 Rawson Road	Brookline, MA 02146
D	macomber, George	220 Commercial St.	Boston, MA 02109
			000002828290--3 -04/02/99--01086--014 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent
William Snyder
1629 NE First Avenue
Miami, FL 33132

9. Name and Address of New Registered Agent
Name Robert Ciarello
Street Address (P.O. Box Number is Not Acceptable) 420 West 27th Street
Suite, Apt. #, Etc.
City Hialeah State FL Zip Code 83010

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 *Robert Ciarello* REGISTERED AGENT MUST SIGN Date 3/23/99

11. This corporation owes 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)(b), 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: *Ladd Levis-Thorne* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3/19/99 (617) 790-3070 Day or Night Phone #

CRP2091 (12-98)