


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION REINSTATEMENT**



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

**FILED**  
 00 NOV 29 AM 10:26  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # S836116**

1. Corporation Name  
 Dimensional Holdings, Inc.

2. Principal Office Address One Design Center Place		3. Mailing Office Address One Design Center Place	
Suite, Apt. #, etc. Suite 715		Suite, Apt. #, etc. Suite 715	
City & State Boston, MA		City & State Boston, MA	
Zip 02210	Country USA	Zip 02210	Country USA

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida 9/30/91

5. FEI Number 04-3258579 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  
 Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
 1201 Hays Street

Suite, Apt. #, Etc.

City  
 Tallahassee

State  
 FL

Zip Code  
 32301

800003496518--6  
 -12/12/00--01029-017  
 \*\*\*750.00 \*\*\*750.00

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 [Signature] **ROBERT BRANCH, SENIOR VP** Date 11/28/2000  
 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	Ladd M. Levis-Thorne	1 Design Center Place, #715	Boston, MA 02210
VP, D	James N. Levis	1 Design Center Place, #715	Boston, MA 02210
T, S	Pradip Tandon	1 Design Center Place, #715	Boston, MA 02210
D	Ross Farrar	1 Design Center Place, #715	Boston, MA 02210
D	Charles Redmon	1 Design Center Place, #715	Boston, MA 02210
D	William Box	1 Design Center Place, #715	Boston, MA 02210

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:** Ladd M. Levis-Thorne, President 617 790 3070 **KE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)