

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION REINSTATEMENT**

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

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # S836116

1. Corporation Name

Dimensional Holdings, Inc.

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

800003496613--6  
-12/12/00--01028-017  
\*\*\*\*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

REGISTERED AGENT MUST SIGN

Date 11/28/2000

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Ladd M. Levis-Thorne

Date

Daytime Phone #

KE

CR2E081 (9/99)