


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/1

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 17 PM 3:05

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M45570**

1. Corporation Name:  
**THE THINK FACTORY**

REINSTATEMENT **03-04**

200025940402  
05/21/04--01059--033 \*\*8.75 \$300.00  
01/5/04 0700203

2. Principal Office Address <b>6370 SW 107 ST.</b>		3. Mailing Office Address <b>6370 SW 107 ST.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33156</b>	Country <b>US</b>	Zip <b>33156</b>	Country <b>US</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>1/28/87</b>	
5. FEI Number <b>65-0053339</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

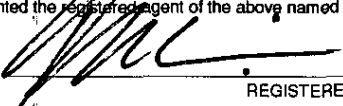
Name: **RITCHIE LUCAS**

Street Address (P.O. Box Number is Not Acceptable):  
**6370 SW 107 ST.**

Suite, Apt. #, Etc.

City: **Miami** State: **FL** Zip Code: **33156**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0508, F.S.

Signature of Registered Agent:  Date: **5/11/04**

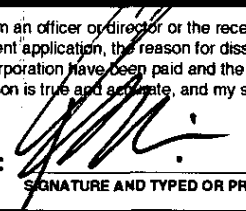
REGISTERED AGENT MUST SIGN

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
<b>DPT</b>	<b>RITCHIE LUCAS</b>	<b>6370 SW 107 ST.</b>	<b>Miami, FL 33156</b>

200025940402

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:  **RITCHIE LUCAS** Date: **5/11/04** Daytime Phone #: **305-663-4105**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E061 (01/04)

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# Correspondence

**To:** Ms. Eula Peterson  
 Secretary of State – Division of Corporations

**From:** Ritchie Lucas

**Re:** Correction of Corporate Reinstatement Document

**Cc:** Mick Maspons

**Date:** 5/11/04

Ms. Peterson –

It was a pleasure speaking with you today regarding the reinstatement of The Think Factory Inc. – document number M45570. I also, appreciate you making the proper changes to the information you have on hand.

To reiterate from the 12/30/03 letter requesting waiving of the additional \$600.00...the address you have listed for The Think Factory is still incorrect. 1550 Madruga Avenue Coral gables, FL 33146 was an address that was no longer being used for the past 4 years. Because of that, I received no information regarding the reinstatement.

The subsequent address of 630 SW 107 Ave Pinecrest, FL 33156 is also incorrect. That address should read:

6370 SW 107 St.  
Pinecrest, FL 33156

This address will serve as both the principal office and mailing address

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## Correspondence

All of this information was reflected in the 12/30/03 reinstatement form as well as the one accompanying this document. You are also still in possession of the reinstatement check number 1028 for \$300.00 which was cashed on 1/7/04.

Again, based upon the above information can you please waive the \$600.00, and apply the \$300.00 to the current reinstatement.

Thank you very much for your time,

Ritchie Lucas  
CEO, Think Factory