

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
01 JAN -2 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA7000084616

1. Corporation Name  
Think Technologies INC.

2. Principal Office Address  
8919 NW 55th place  
Suite, Apt. #, etc.

3. Mailing Office Address  
SAMB  
Suite, Apt. #, etc.

City & State  
CORAL SPRINGS, FL  
Zip 33069 Country BROWARD

City & State  
Zip Country

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida 6/01/98 **SP**  
5. FEI Number 65-0787360 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 ANDREW DAVIES  
Street Address (P.O. Box Number is Not Acceptable) 8919 NW 55th place  
Suite, Apt. #, Etc.  
City CORAL SPRINGS State FL Zip Code 33067  
100003533711-1  
-01/11/01--01103--024  
\*\*\*\*750.00 \*\*\*\*50.00

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] Date 12/29/00  
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
President	ANDREW DAVIES	8919 NW 55th place	CORAL SPRINGS, FL 33069

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: [Signature] Date 12/29/00 Daytime Phone # 954 346-3503  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)