


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000001169		
1. Entity Name THE ASSEMBLY LINE, INC.		

FILED

2007 OCT 15 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 9925 TRIPLE CROWN CIRCLE ORLANDO, FL 32825	Mailing Address P.O. BOX 721084 ORLANDO, FL 32872-1084
--	--



2. Principal Place of Business - No P.O. Box # <i>Bellows Industrial Park</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>2450 N Forsyth Rd</i>		Suite, Apt. #, etc.	
City & State <i>Orlando Florida</i>		City & State	
Zip <i>32807</i>	Country <i>USA</i>	Zip	Country

10102007 REIN-P CR2E098 (1/07)

4. FEI Number 59-3626808	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	\$8.75 Additional Fee Required
----------------------------------	--------------------------------

6. Name and Address of Current Registered Agent HAMM, KAROL A 9925 TRIPLE CROWN CIRCLE ORLANDO, FL 32825	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Karol Hamm</i>	DATE <i>10/10/07</i>

FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00
--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAMM, LESTER L 9925 TRIPLE CROWN CIRCLE ORLANDO, FL 32825	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300110754103 10/15/07-01003-024 **750.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HAMM, KAROL 9925 TRIPLE CROWN CIRCLE ORLANDO, FL 32825	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
SIGNATURE: <i>Karol Hamm</i>	DATE: <i>10-10-07</i>

10/16/07