


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 15 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000001169 1. Entity Name THE ASSEMBLY LINE, INC.	
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Principal Place of Business 9925 TRIPLE CROWN CIRCLE ORLANDO, FL 32825	Mailing Address P.O. BOX 721084 ORLANDO, FL 32872-1084
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2. Principal Place of Business - No P.O. Box # <i>Bellows Industrial Park</i>	3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.
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Suite, Apt. #, etc. <i>2450 N Forsyth Rd</i>	Suite, Apt. #, etc.	City & State <i>Orlando Florida</i>	City & State
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4. FEI Number 59-3626808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 State: FL Zip Code
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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: *Karol Hamm* DATE: *10/10/07*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMM, LESTER L	NAME	
STREET ADDRESS	9925 TRIPLE CROWN CIRCLE	STREET ADDRESS	300110754103
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	10/15/07-01003-024 **750.75
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMM, KAROL	NAME	
STREET ADDRESS	9925 TRIPLE CROWN CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Karol Hamm* DATE: *10-10-07*
Signature and typed or printed name of signing officer or director Daytime Phone #

10/16/07