

10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 DEC 27 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04

04/02/04 90022 028 & 150.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000101264

1. Corporation Name
PACIFIC DIE CAST, INC.

2. Principal Office Address 280 SCARLET BLVD.		3. Mailing Office Address 280 SCARLET BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OLDSMAR, FL		City & State OLDSMAR, FL	
Zip 34677	Country	Zip 34677	Country

4. Date Incorporated or Qualified To Do Business in Florida 10/26/00

5. FEI Number 59-3695539 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 JOHNNIE R. EDENS

Street Address (P.O. Box Number is Not Acceptable) 280 SCARLET BLVD.

Suite, Apt. #, Etc.

City OLDSMAR, FLORIDA State FL Zip Code 34677

REINSTATEMENT

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 *J. Edens* Date 12/2/04

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
D, P T	JOHNNIE R. EDENS	280 SCARLET BLVD.	OLDSMAR, FL 34677

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: *J. Edens* Date 12/2/04 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

6



Pacific Die Cast

Since 1985

2 of 2

**TO: FLORIDA DEPT OF STATE
ATTN: DIV OF CORPORATIONS
DATE: 12-24-04**

**SUBJECT: PACIFIC DIE CAST INC.
REF# P00000101264**

**THE APRIL CORESPONDENCE WAS NOT RECEIVED,
THEREFORE PLEASE ACCEPT THE APPLICATION AS
ATTACHED.**

SINCERELY,

A handwritten signature in black ink, appearing to read "Jennifer Crocker".

**JENNIFER CROCKER
DIRECTOR OF FINANCE
PACIFIC DIE CAST INC.**