## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED
		2008 APR - I AM 7: 56
DOCUMENT # PO 5000 107	7294	SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Corporation Name Architectural Sheet Metal Fabricators, Inc.		
THE TELEVISION STORY	THINK CUTORS, INC.	
	Mailing Office Address	REINSTATEMENT
6760 Muskoges St (Suite, Apt. #, etc. s	G760 MUSKOGEE St, Suite, Apt. #, etc.	CR2E081 (12/07) 4 661 08
City & State C	City & State	4. Date Incorporated or Qualified  To Do Business in Florida  9/15/2006
Orlando, FL	Orlando, FL	<b>5.</b> FEI Number Applied For Not Applicable
32807 Country Z	32807 ORANGE	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Cu		io a continuite of status
Name JEREMIAh DICE		The reinstatement fee is imposed, except in
Street Address (P.O. Box Number is Not Acceptable)		circumstances which the entity did not receive the prior notices. By checking this box, you
Suite, Apt. #, Etc.		are certifying the prior notices were not received and requesting the reinstatement
orlando	State Zip Code FL 32832	fee be waived.
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  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	
P/I Jeremiah Dice	10837 Tilston	Point Orlando, FL 32832
VP Brantley Dice	10837 Tilston	Point Orlando, FL 32832
		400121779904 04/01/0801017003 **450.00
		011 011 000 01011 000 ATT.00100
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 filling 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 contained in Chapter 119, 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #		