PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 NOV 27 AM 10:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S18000

1. Corporation Name
Cast Art Industries, Inc

2. Principal Office Address	3. Mailing Office Address
1120 California Ave	-SAME-
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Corona, CA	City & State
Zip: 92881 Country: USA	Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida: 12/90

5. FEI Number: 33-0441217 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue

300003488243--8
-12/05/00--01106--003
****78.00 ****78.00

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

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: Sandi K. Hancock Date: 11/21/00
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
Pres	Scott Sherman	1120 California Ave	Corona, CA 92881
CFO	Ed Blahut	1120 California Ave	Corona CA 92881
S=CR	Ed Blahut	1120 California Ave	Corona CA 92881

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.

KE

SIGNATURE: Ed Blahut CFO 11/21/00 (909) 371-3025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #