PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
May 17, 2002 8:00 A.M.
Secretary of State

REINSTATEMENT 6-1-02

DOCUMENT # S18506

1. Corporation Name

Cast Art Industries, Inc.

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

4. Date Incorporated or Qualified To Do Business in Florida: 12/14/1990

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

6. CERTIFICATE OF STATUS DESIRED ☒

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

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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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 BY: C. Baclet VP Date 5-17-02

REGISTERED AGENT MUST SIGN

CR2E061 (8/00)

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/S	Scott Sherman	1120 California Avenue	Corona, CA 92881
D/CFO	Gary Barsellotti	1120 California Avenue	Corona, CA 92881
D	Frank Colapinto	1120 California Avenue	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. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Scott Sherman, President 5/16/02 909-371-3025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #