PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
~~**REINSTATEMENT**~~

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 21 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000054453

1. Corporation Name
closeouts ConcePTS.com INC

2. Principal Office Address	**3.** Mailing Office Address
11101 S CROWN WAY	Same
Suite, Apt. #, etc.: # 3	Suite, Apt. #, etc.: # 3
City & State: WELLINGTON FL	City & State: FL
Zip: 33414 Country: USA	Zip: 33414 Country:

2002 UBR #1

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1111619 — 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: Ami DE LA MER

Street Address (P.O. Box Number is Not Acceptable): 11101 S CROWN WAY

000002759898
11/01/02--01011--003 **150.00

Suite, Apt. #, Etc: # 3

City: WELLINGTON State: FL Zip Code: 33414

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: [signature] Date: 10/29/02.
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
Pre.	Ami DE LA MER	3450 Ocean Blvd 807	Palm Bch FL 33480

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.

5613838660

SIGNATURE: [signature] AMI DE LA MER 10/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #