


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Kathleen Harris Secretary of State TALLAHASSEE, FLORIDA 32399-0001	
DOCUMENT # <u>H08365</u>					
1. Corporation Name CIRCUIT CONCEPTS, INC.					
2. Principal Office Address 14201 58th St. N. Suite, Apt. #, etc.			3. Mailing Office Address 14201 58th St. N. Suite, Apt. #, etc.		
City & State Clearwater, FL			City & State Clearwater, FL		
Zip 33760	Country USA	Zip 33760	Country USA		

FILED


00 DEC 27 AM 10:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA


4. Date Incorporated or Qualified To Do Business in Florida 7/26/85	
5. FEI Number 592579700	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> Additional Fee required for a Certificate of Status \$8.75	

7. Name and Address of CORPORATION Registered Agent	
Name <u>New</u>	
Street Address (P.O. Box Number is Not Acceptable) 15201 Roosevelt Blvd.,	
Suite, Apt. #, Etc. Suite 112	
City Clearwater	State FL
Zip Code 33760	

800003524458-3
-01/05/01--01013-017
****150.00 ****150.00

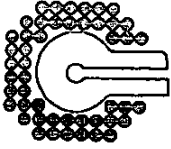
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent 	Date <u>12/20/00</u>
REGISTERED AGENT MUST SIGN	

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
TS	Leslie A. Rubin	3026 Oakmont Drive	Clearwater, FL 33761

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: 	LESIE A RUBIN	12/20/00	727/530-0021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

KE

CR2E081 (9/99)



CIRCUIT CONCEPTS, INC.

14201 58th Street North, Clearwater, Florida 33760 (727) 535-0561 FAX (727) 535-0563

20f2

December 21, 2000

Secretary of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: Circuit Concepts, Inc.

Dear Sir or Madam:

We are in receipt of the Corporation Reinstatement form you provided us. We want to thank you for providing the appropriate form. We had only recently been notified that the corporation had not been renewed and wish to file the appropriate reinstatement forms.

Enclosed please find the Corporation Reinstatement form and a check in the amount of \$150.00 for the annual fee.

My attorney's office has spoken with Leslie of your Reinstatement Department and learned that by my sending in the form, the check, and a letter of explanation, that it may be possible to have the corporation reinstated at no additional fee.

The original annual report was not received therefore was not filed timely. We apologize for this oversight. Thank you for your consideration.

Very truly-yours,

Leslie A. Rubin
President

LAR/rn

Enclosure