2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 24, 2007
Secretary of State

DOCUMENT# P00000095576

Entity Name: CONCLUESIVE.COM INCORPORATED

Current Principal Place of Business:

PO BOX 5694
JACKSONVILLE, FL 32247

New Principal Place of Business:

5694
JACKSONVILLE, FL 32247

Current Mailing Address:

P.O. BOX 5694
JAX, FL 32247

New Mailing Address:

FEI Number: 59-3659402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, RHAMON
1703 W. WATROUS AVE.
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RHAMON WILLIAMS
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTM ( ) Delete
Name: WILLIAMS, RHAMON
Address: 1703 W WATERS AVE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHAMON WILLIAMS PTM 11/24/2007
Electronic Signature of Signing Officer or Director Date