PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN -5 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000086899

1. Corporation Name: Clocks Galore, Inc.

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
11000 Prosperity Farms Rd	11000 Prosperity Farms Rd
Suite, Apt. #, etc.: Suite 301	Suite, Apt. #, etc.: Suite 301
City & State: Palm Beach Gardens, FL	City & State: Palm Beach Gardens, FL
Zip: 33410 Country: USA	Zip: 33410 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/12/2002

5. FEI Number: 51-041-6759 ☐ 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: ~~Dennis M. May~~ Dale M May

Street Address (P.O. Box Number is Not Acceptable): 11000 Prosperity Farms Rd.

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12/17/03--01065--015 **158 75

Suite, Apt. #, Etc.: Suite 301

City: Palm Beach Gardens | State: FL | Zip Code: 33410

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: ~~Dennis M. May~~ Dale M May Date: 12/15/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
P/D/T	Dennis M. May	11000 Prosperity Farms Rd Suite 301	Palm Beach Gardens, FL 33410
V/D/S	Dale M. May	11000 Prosperity Farms Rd Suite 301	Palm Beach Gardens, FL 33410

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: Dale M May Dale M. May 12-28-03
~~Dennis M. May~~ Dennis M. May 12/15/03 561-630-8817

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