

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION REINSTATEMENT**

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

FILED

02 APR 29 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UBR

01-02

**DOCUMENT #** P99000099395

**1. Corporation Name**

OPTICAL CLOSEOUTS.COM, INC.

**2. Principal Office Address**

221 S STATE RD 7 (MB2054)

Suite, Apt. #, etc.

**City & State**

FT. LAUDERDALE, FL

**Zip**

33317

**Country**

USA

**3. Mailing Office Address**

C/O W. J. TREMBLAY  
1801 S. FEDERAL HWY

Suite, Apt. #, etc.

STE. 219

**City & State**

DELRAY BEACH, FL

**Zip**

33483

**Country**

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/12/99

**5. FEI Number**

65-0960676

**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**

W. J. TREMBLAY

**Street Address (P.O. Box Number is Not Acceptable)**

1801 S. FEDERAL HWY.

**Suite, Apt. #, Etc.**

STE. 219

**City**

DELRAY BEACH, F

**State**  
FL

**Zip Code**

33483

**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**

*W. J. Tremblay*

**REGISTERED AGENT MUST SIGN**

**Date** 04/25/2002

**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
PTSD	MIRABILE, THOMAS J. JR.	221 S. STATE RD 7 (MB2054)	FT. LAUDERDALE, FL 33317

**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:**

*Thomas J. Mirabile Jr*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date** 04/24/02

**Daytime Phone #** 561-243-6355

THOMAS J. MIRABILE JR

CR2001 (9/01)

BB

2072

W. J. Tremblay, P.A.

Federally Authorized Tax Practitioner



Internal Revenue Representation  
Audit • Collection • Appeals  
Fax (561) 243-1267

1801 S. Federal Highway, Ste. 219  
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Delray Beach  
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The National Tax  
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- Member Of:
- National Assoc. of Enrolled Agents
  - National Council for Taxpayer Advocacy
  - National Society of Public Accountants
  - Florida Assoc. of Enrolled Agents
  - Florida Society of Accounting and Tax Professionals, Inc.
  - National Society of Tax Professionals
  - Institute of Certified Practitioners
  - R.I. Assoc. of Public Accountants

Not registered with the  
Florida Board of  
Accountancy

April 24, 2002

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

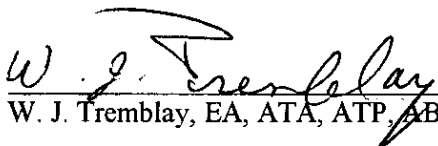
Re: Optical Closeouts.com, Inc.  
FEI No. 65-0960676

Dear Sirs:

In reference to our phone conversation of April 23, 2002, I am enclosing a Corporate Reinstatement Form along with check No. 1039 for \$300. The taxpayer requests abatement of the penalties because neither the taxpayer nor the taxpayer's accountant ever received a Uniform Business Report for the year 2001 or 2002.

Very truly yours,

W. J. Tremblay, P.A.

  
W. J. Tremblay, EA, ATA, ATP, ABA