
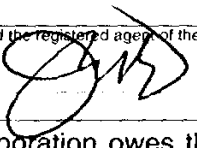



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 92 JUL 20 PM 1:47 DEPT. OF STATE TALLAHASSEE, FLORIDA 500002950615--6 -08/04/99--01075--015 ***1658.75 ***1658.75	
DOCUMENT # V68280					
1. Corporation Name A & M CONCEPTS, INC.					
Principal Place of Business 4290 Cleveland Avenue Fort Myers, FL 33901			Mailing Address 4290 Cleveland Avenue Fort Myers, FL 33901		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 2121 West First Street		3. New Mailing Office Address, If Applicable P.O. Drawer 400		4. Date Incorporated or Qualified To Do Business in Florida 1993	
Suite, Apt. #, etc. ---		Suite, Apt. #, etc. ---		5. FEI Number 65-0346049	
City & State Fort Myers, FL		City & State Fort Myers, FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 33901	Country USA	Zip 33902	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
P/D	Robert L. Alflen	2000 Oakley Park Road, Suite 203	Walled Lake, MI 48390		
V/D	Michael Mosallem	80 Park Avenue, Apt. 4-J	New York, NY 10016		
S/T	Tammy Alflen	2000 Oakley Park Road, Suite 203	Walled Lake, MI 48390		
8. Name and Address of Current Registered Agent Robert L. Alflen			9. Name and Address of New Registered Agent Name Jay A. Brett Street Address (P.O. Box Number is Not Acceptable) 2121 West First Street Suite, Apt. #, Etc. --- City Fort Myers		
			State FL	Zip Code 33901	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  Date 7-12-99 REGISTERED AGENT MUST SIGN					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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:  Tamara J. Alflen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 7-12-99 Daytime Phone # 2486693570		

CR2E081 (12/98)