

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 12 PM 4:00

DOCUMENT # P99000068590

1. Corporation Name
CLICKERS INC

2. Principal Office Address
586 ALTONA ST
PT CHARLOTTE FLA 33948

3. Mailing Office Address:
C/O RICHARD BARANO
193 JERUSALEM AVE

Suite, Apt. #, etc. -

Suite, Apt. #, etc. 193 JERUSALEM AVE.

City & State
PORT CHARLOTTE FLA

City & State
MANSFIELD NY

Zip Country
33948 USA

Zip Country
11758 USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0939003

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$2.75 Additional fee per year for a certificate of status

7. Name and Address of Current Registered Agent

Name
KIM MOORE

100005024851--6

Street Address (P.O. Box Number is Not Acceptable)
586 ALTONA ST

-02/27/02--01087--009

***900.00 ***900.00

Suite, Apt. #, Etc.

City
PORT CHARLOTTE

State
FL

Zip Code
33948

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
Katherine Harris
REGISTERED AGENT MUST SIGN

Date 02/04/02

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
Pres	KIM MOORE	586 ALTONA ST	PORT CHARLOTTE FLA. 33948
VP	NIZIC BARANO	193 JERUSALEM AVE	MANSFIELD NY 11758
VP	PAUL BARANO	126 F.W. CHICADEL ST LOT# 61	W. V. MARY CT YTAH 84123

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)(c), 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: Katherine Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/4/02

Daytime Phone # 516-795-8146

00