

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED FOR REISSUANCE
00000001580
DIVISION OF CORPORATE REGISTRATION

FILED
03 OCT 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000001580
Name and Mailing Address

0005437 01 AT 0.292 **AUTO T2 1 0615 33069-321810
CLIQUE MARKETING, L.L.C.
910 SW 2ND PLACE
POMPANO BEACH FL 33069-3218



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/10/2000	
Principal Place of Business 910 SW 2ND PLACE POMPANO BEACH FL 33069	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0985004	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent LARKIN, JONATHAN 6187 N.W. 24TH TERRACE BOCA RATON FL 33496	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Signature of Registered Agent [Signature] **SIGNATURE REQUIRED** Date 10/19/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LARKIN, JONATHAN	6187 N.W. 24TH TERRACE	BOCA RATON FL 33496
President	VAZQUEZ, CARLOS	910 SW 2nd place	POMPANO BEACH, FL 33069

200024283062
10/30/03--01023--013 **150.00

REINSTATEMENT
03/1/04
DCC

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] **SIGNATURE REQUIRED** Date 10/19/03 Daytime Phone # 861-723-5201
Typed or printed name of signing Managing Member/Manager