

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000002116

1. Limited Liability Company's Name

Click CAPITAL - L.L.C.

2. Principal Office Address

PO Box 4081

Suite, Apt. #, etc.

City & State

Hallandale

Zip

33008

Country

Brwd

3. Mailing Office Address

PO Box 4081

Suite, Apt. #, etc.

City & State

Hallandale FLA

Zip

33008

Country

Brwd

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FE Number

05-0999230

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Michael Weinreb

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

19707 NE 36th Crt

Suite, Apt. #, Etc.

7th No. Tower

City

Aventura

State
FL

Zip Code

33180

9. 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

Michael Weinreb

REGISTERED AGENT MUST SIGN

Date

7/19/04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	Michael Weinreb	19707 NE 36th Crt	
	MGRM	# 7th No. Tower	
	MGRM	Aventura	FLA - 33180

REINSTATEMENT

11. 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

Michael Weinreb

Date

7/19/04

Daytime Phone #

305-710-3801

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)