

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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

FILED

02 APR 15 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-04/23/02--01064--014  
\*\*\*\*200.00 \*\*\*\*200.00

DOCUMENT # L00000005108

1. Limited Liability Company's Name

QIK, LLC

2. Principal Office Address

7785 West U.S. 192  
Suite, Apt. #, etc.

3. Mailing Office Address

1280 Husted Avenue  
Suite, Apt. #, etc.

City & State

Kissimmee Florida

City & State

San Jose, California

Zip Country

34747 USA

Zip Country

95125 USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

May 4, 2000

6. FEI Number

582541888

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 A. Tessitore - ~~Michael A. Tessitore~~

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

215 East Livingston Street

Suite, Apt. #, Etc.

City

Orlando

State  
FL

Zip Code  
32801

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 A. Tessitore*

Date

3/25/02

REGISTERED AGENT MUST SIGN

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
MEMBER Director	Alexander Menicucci	14539 Cornelian Glen Court	Saratoga, CA 95070
MEMBER Director	Barbara Menicucci	14539 Cornelian Glen Court	Saratoga, CA 95070
			ALV

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

*Alexander Menicucci*

Date 3-26-02

Daytime Phone #

cell 408 221-0188

408-741-5039

Typed or printed name of signing Managing Member/Manager

Alexander Menicucci