

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L01000012824**

LIMITED LIABILITY COMPANY REINSTATEMENT

ORIGINAL DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # **L01000012824**

1. Limited Liability Company's Name  
**Klikli International Publishing LLC**

**REINSTATEMENT 2002-2003**

600015025526  
04/15/03--01042--001 \*\*45.00

2. Principal Office Address  
**9706 Erica Court**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**P.O. Box 880647**  
Suite, Apt. #, etc.

4. State/Country of Formation  
**New Jersey, USA**

5. Date Organized or Qualified To Do Business in Florida  
**7/24/01**

6. FEI Number  
**22-3738691**

7. CERTIFICATE OF STATUS DESIRED ☒ **\$300 Additional Fee required for a Certificate of Status**

City & State  
**Boca Raton, Florida**

City & State  
**Boca Raton, Florida**

Zip  
**33496**

Country  
**USA**

Zip  
**33488**

Country  
**USA**

8. Name and Address of Current Registered Agent

Name  
**Maria (Tzanakakis) Tzakis**

Street Address (P.O. Box Number is Not Acceptable)  
**9706 Erica Court**

Suite, Apt. #, Etc.

City  
**Boca Raton**

State  
**FL**

Zip Code  
**33496**

600015025526  
04/01/03--01039--005 \*\*155.00

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  
**Maria Tzakis**

REGISTERED AGENT MUST SIGN

Date  
**3-25-03**

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
<b>MGR</b>	<b>MARIA (Tzanakakis) Tzakis</b>	<b>9706 ERICA COURT</b>	<b>Boca Raton, FL 33496</b>

**REINSTATEMENT 2002-2003**

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  
**Maria Tzakis**

Date  
**3-25-03**

Daytime Phone  
**(561) 852-0607**

Typed or printed name of signing Managing Member/Manager