

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000010574

1. Limited Liability Company's Name

Click3Media, LLC

2. Principal Office Address - No P.O. Box #

C/O 286 NE 39 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

C/O 286 NE 39 ST.

Suite, Apt. #, etc.

City & State

miami, FL

Zip 33137

Country

US

City & State

miami, FL

Zip 33137

Country

U.S.

4. State/Country of Formation

FL / U.S.

5. Date Organized or Qualified
To Do Business in Florida

3/24/03

6. FEI Number

571157524

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

David M. Goldstein

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

286 NE 39 ST.

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33137

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/20/09

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	JOE ELKIND	<u>3080 NE 39 ST.</u> 3080 NE 39 ST.	<u>FORT LAUDERDALE, FL</u> <u>33308</u>

REINSTATEMENT 05-09-AL

11. E-mail Address:

(To be used for future annual report notifications)

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

Managing Member

Date

12/20/09

Daytime Phone #

954-336-7222

Typed or printed name of signing Managing Member/Manager

Joseph B. Elkind