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FILED

APR 15 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PD1000032849 1. Corporation Name CLICK PRODUCTIONS, INC					
2. Principal Office Address P.O. BOX 26576			3. Mailing Office Address P.O. BOX 26576		
City & State SALT LAKE CITY, UTAH			City & State SALT LAKE CITY, UTAH		
Zip 84126	Country USA	Zip 84126	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 3/30/2001	
5. PER Number				☒ Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒				\$3.75 (Additional Fee for return for a Certificate of Status)	

REINSTATEMENT **B-24**

7. Name and Address of Current Registered Agent			
Name R. JAMES ROBBINS, JR., ESQ.			
Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLVD.			
Suite, Apt. #, etc. SUITE 3700			
City TAMPA		State FL	Zip Code 33602

8. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of sections 607.0306 or 617.0303, F.S.			
Signature of Registered Agent 		Date 4/14/04	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D, P	CRAIG MAGLEBY	POB 26576	SALT LAKE CITY, UT 84126
D, VP	HOLLY KENNEDY	POB 26576	SALT LAKE CITY, UT 84126
S, T	HOLLY KENNEDY	POB 26576	SALT LAKE CITY, UT 84126
10. I certify that I am an officer or director of the company or trustee empowered to execute this application as provided for in chapters 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been dissolved, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(2)(f), F.S. The information contained on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		Date 4/13/04	
SIGNATURE AND TITLE OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR		Begin on page 2	

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NO. 428

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Florida Department of State
Division of Corporations
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Division of Corporations
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From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
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CORPORATION REINSTATEMENT

CLICK PRODUCTIONS, INC.

Certificate of Status	0
Certified Copy	0
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