

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 NOV 22 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PO1000114363*

1. Corporation Name

Click Corp.

2. Principal Office Address

6716 Englelake Dr

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Zip

33813

Country

Polk

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3759034

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

600009355306

12/04/02--01082--014 **150.00

7. Name and Address of Current Registered Agent

Name

Spiegel N. Utrera, PA

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

1840 South West 22nd St.

Suite, Apt. #, Etc.

4th Flr.

City

Miami

State
FL

Zip Code

33145

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or 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
Pres.	<i>Moody Nass</i>	<i>161 Christina Blvd</i>	<i>Lakeland, FL 33813</i>
V.Pres	<i>Hoss Abd.</i>	<i>6716 Englelake Dr.</i>	<i>Lakeland, FL 33813</i>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, 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(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/02

Daytime Phone #

(863) 409-2545

CR2E081 (9/01)

CLICK CORP.

6716 ENGLELAKE DR.
LAKELAND, FL 33813
(863)646-9110

November 21, 2002

Dear Sir / Madam

Please be advised that Click Corp. never received any documents or notification for the year 2002, neither the first nor the second note.

we request kindly to removed any fees or penalties that may apply.
Thank you for your anticipated cooperation.

Sincerely,
Moody Nasr
Signature

A handwritten signature in dark ink, appearing to read 'Moody Nasr', written over the printed name and signature label.