

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 31 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000084257

1. Corporation Name

CLICK MY TOWN CO.

W09-55571

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

2305 w horizon ridge pkwy

Suite, Apt. #, etc.

3911

City & State

Henderson NV

Zip

89052

Country

Clark

3. Mailing Office Address

2305 w horizon ridge pkwy

Suite, Apt. #, etc.

3911

City & State

Henderson NV

Zip

89052

Country

Clark

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/2006

5. FEI Number
205081758

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Yves Petithomme

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

2 nkw 1342 COLONIAL Blvd

Suite, Apt. #, Etc.

60

City

Henderson NV Font Myers

State

FL

Zip Code

89052 33907

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 12/18/2009

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
P	Roselande Petithomme	2305 w horizon ridge pkwy 3911	Henderson NV 89052
vp	Daniel Petithomme	2305 w horizon ridge pkwy 3911	Henderson NV 89052
vps	Yves Petithomme	2305 w horizon ridge pkwy 3911	Henderson NV 89052

REINSTATEMENT

RH

10. E-mail Address: ypyvens@gmail.com

(To be used for future annual report notification)

11. 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, I further certify, 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:

Yves Petithomme

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/2009 239-989-4833

Date

Daytime Phone #