

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000125094

1. Entity Name
CLICK ENTERPRISES, INC.



FILED

2009 JUN -5 PM 11:04

Principal Place of Business

1215 W 66 ST

1
HIALEAH, FL 33012 US

Mailing Address

1215 W 66 ST

1
HIALEAH, FL 33012 US

2. Principal Place of Business - No P.O. Box #

3400 NW 127 ST.

Suite, Apt. #, etc.

3. Mailing Address

3400 NW 127 ST.

Suite, Apt. #, etc.

REINSTATEMENT 08.09

City & State

Opaloca, FL

City & State

Opaloca, FL

4. FEI Number

261445349

Applied For

Not Applicable

Zip

33054

Country

U.S.

Zip

33054

Country

U.S.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, JESUS E

1215 W 66 ST

1
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name

Address only

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

3400 NW 127 ST.

City

Opaloca

FL

Zip Code

33054

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GARCIA, JESUS E
STREET ADDRESS 1215 W 66 ST #1
CITY-ST-ZIP HIALEAH, FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 3400 NW 127 ST. Change ☐ Addition
NAME Opaloca, FL
STREET ADDRESS 33054
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #