

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

99 NOV -1 PM 1:25

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000078350**

1. Corporation Name

**CLICK CLICK INVESTMENTS, INC.**

Principal Place of Business

Mailing Address

5416 DORRINGTON LANE  
 ORLANDO FL 32821

5416 DORRINGTON LANE  
 ORLANDO FL 32821



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt #, etc.		Suite, Apt. #, etc.		09/20/1996	
City & State		City & State		5. FEI Number	
Zip		Country		59-3402636	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	MCCOY, JAMES	5416 DORRINGTON LANE	ORLANDO FL 32821

100003038991--9  
 -11/09/99--01012--009  
 \*\*\*\*750.00 \*\*\*\*750.00

**REINSTATEMENT 99:1 TS**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MCCOY, JAMES 11904 REEDY CREEK DRIVE, #108 ORLANDO FL 32838		Name <u>James McCoy</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>5416 Dorrington Lane</u>	
		Suite, Apt. #, Etc.	
		City <u>Orlando</u>	State <u>FL</u> Zip Code <u>32821</u>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent James McCoy REGISTERED AGENT MUST SIGN Date 10-25-99

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 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: James McCoy James McCoy Date 10-25-99 Daytime Phone # 407-238-1041

CS20040 (8/99)