

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/20/1996

5. FEI Number

59-3402636

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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 James McCoy  
Street Address (P.O. Box Number is Not Acceptable)  
5416 Dorrington Lane  
Suite, Apt. #, Etc.  
City Orlando State FL Zip Code 32821

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-99

Date

407-238-104

Daytime Phone #

CS20040 (8/99)