


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000023058**

1. Corporation Name

Flicker Financial Corp.

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

99 SE Mizner Blvd

Suite, Apt. #, etc.

#831

City & State

Boca Raton, FL

Zip

33432

Country

3. Mailing Office Address

99 SE Mizner Blvd

Suite, Apt. #, etc.

#831

City & State

Boca Raton, FL

Zip

33432

Country

7. Name and Address of Current Registered Agent

Name

Mark Flicker

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

99 S.E. MIZNER BLVD.

Suite, Apt. #, Etc.

831

City

BOCA RATON

State

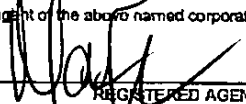
FL

Zip Code

33432

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

4/26

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
PD	Mark Flicker	99 S.E. MIZNER BLVD.	#831 BOCA RATON, FL 33432

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 contained in Chapter 119, 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26

Daytime Phone #

561-441-4464

FILED

07 MAY -1 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500103197572

05/24/07--01025--025 **450.00

REINSTATEMENT

05-07

4P

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0819112

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.