

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

DOCUMENT # 650312671 N42498 (8)

02 AUG 19 AM 10:32

1. Corporation Name
Educational Games For Learning, Inc.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
16081 123rd Ter N
Jupiter Farms, FL 33478-6523

100007287081--8
 -08/22/02--01059--011
 ****787.50 ****787.50

REINSTATEMENT 93-02

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

2. New Principal Office Address, If Applicable <u>16081 123rd Ter N</u> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <u>03/14/1991</u>	
City & State <u>Jupiter Farms, FL 33478</u>		City & State		5. FEI Number <u>650312671</u>	
Zip <u>33478</u>	Country <u>U.S.A</u>	Zip	Country	<input type="checkbox"/> CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President Director	Gale Ragan	16081 123 Ter N Jupiter Farms, FL	Jupiter Farms, FL 33478-6523
Vice-President Director	Patricia Warren	1673 Greenough Rd. Camilla, GA	Camilla, GA 31730
Secretary Director	Melvin T. Reid	16081 123 Ter N Jupiter Farms, FL	Jupiter Farms, FL 33478-6523
Treasurer Director	Edith Bennett	1505 Colquitt Ave. Albany, GA	Albany, GA 71305
Director	Tamara Warren	4161 Wind Ct Norcross, GA	Norcross, GA 30093

8. Name and Address of Current Registered Agent <u>Ragan, Gale</u> <u>16081 123rd Ter N</u> <u>Jupiter Farms, FL 33478</u>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <u>FL</u>	
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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 Gale Ragan REGISTERED AGENT MUST SIGN Date 8/13/02

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: Gale Ragan Gale Ragan 8/9/02 561-745-8923
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E081 (12/98)