

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 739967

FILED
Oct 04, 2007
Secretary of State

Entity Name: GOLDEN AGE GAMES, INC.

Current Principal Place of Business:

PO BOX 1788
SANFORD, FL 32772 US

New Principal Place of Business:

300 NORTH PARK AVE
SANFORD, FL 32771 US

Current Mailing Address:

PO BOX 1788
SANFORD, FL 32772 US

New Mailing Address:

300 NORTH PARK AVE
SANFORD, FL 327721 US

FEI Number: 59-0440968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HICKS, PAT
300 NORTH PARK AVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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.

SIGNATURE: PAT HICKS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ELTONHEAD, KIM
Address: 300 N. PARK AVENUE
City-St-Zip: SANFORD, FL 32771 US

Title: D () Delete
Name: KIRBY, MIKE,
Address: 300 N PARK AVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: JONES, LISA
Address: 300 N PARK AVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: VOLK, BRIAN
Address: 531 N. PALMETTO AVENUE
City-St-Zip: SANFORD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM ELTONHEAD

MRS

10/04/2007

Electronic Signature of Signing Officer or Director

Date