

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000006350

1. Corporation Name

SAS Games INC

~~6209-36574~~

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

403 Brevard Ave

3. Mailing Office Address

403 Brevard Ave

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

1

City & State

Cocoa, Florida

City & State

Cocoa, Florida

Zip

32922

Country

USA

Zip

32922

Country

USA

7. Name and Address of Current Registered Agent

Name

Siobhan Mullen

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

403 Brevard Ave

Suite, Apt. #, Etc.

1

City

Cocoa

State

FL

Zip Code

32922

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

Siobhan M Mullen
REGISTERED AGENT MUST SIGN

Date 8/5/2009

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
CEO	Siobhan Mullen	403 Brevard Ave, Suite 1	Cocoa, FL 32922
President	Steve Scully	403 Brevard Ave, Suite 1	Cocoa, FL 32922
	<i>2824</i>		

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:

Siobhan M Mullen

Siobhan Mullen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/2009

Date

321-690-3386

Daytime Phone #

FILED

09 AUG 20 AM 10: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000159426180
08/10/09--01046--023 **750.00

000159426180
08/20/09--01044--007 **308.75

REINSTATEMENT 07-09
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

2/2004

5. FEI Number
412124702

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.