PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 OCT 25 AM 8:51

DOCUMENT # F16000005379

1. Corporation Name
GameCo, Inc.

400304370404--
10/25/17--01021--020 **150.00

CR2E081 (1/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
41 East 11th St, Floor 11		41 East 11th St, Floor 11	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10003	US	10003	US

4. Date Incorporated or Qualified To Do Business in Florida
December 5, 2016

5. FEI Number
F16000005379 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Good Standing
$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Registered Agent Solutions, Inc.

Street Address (P.O. Box Number is Not Acceptable)
155 Office Plaza Dr.

Suite, Apt. #, Etc.
Suite A

City | State | Zip Code
ATallahassee | FL | 32301

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 _____ Date 10/19/17
REGISTERED AGENT MUST SIGN

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, Pr	Blaine Goldman	41 East 11th St, Floor 11,	New York, NY 1003
Director	Robert Montgomery	41 East 11th St, Floor 11,	New York, NY 1003
Director	Seth Schorr	41 East 11th St, Floor 11,	New York, NY 1003

10. **E-mail Address:** blaine@gameco.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 10.15.17
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Blaine Goldman Date 310.359.0379 Daytime Phone #