PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F9900004638

1. Corporation Name

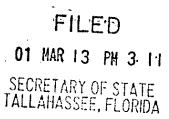
WIZARDS OF THE COAST RETAIL, INC.

Principal Place of Business

Mailing Address

P.O. BOX 707 RELITON WA 98057-0707 P.O. BOX 707

REUTON WA 98057-0707





HEDIOI II	IN 30007-0707		neo rote ur	. 00001 0701										
	incorrect in any way, line thr Address, If Applicable	3. New Maili	nformation and enter correction below. ing Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida 09/03/1999							
Suite, Apt. #			Suite Apr. #)=\ <u></u>		FEI Number App					Applied For Not Applicab	le		
Zip	ip Country			Zip Country			-	6. CERTIFICATE OF STATUS DESIRED			\$8.75 Additional Fee required for a Certificate of Status			
7 Namos s	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonorofi	t cornorat	ions must list at	t least	t 3 directors)						
Title(s)	2	Name of Officers and/or Directors	O Director (110	Street Address of Eac Officer and/or Directo				ch						
P	-ADKISON	923 14TH AVENUE E.				SEATTLE WA 98112								
. S V	CHRISTIA	4114 36TH AVENUE NE					SEATTLE WA 98105							
1 - 3	SORENS	1801 LIND AVENUE SW					RENTON WA 98055							
P	Vinc	1801 Lind avenues) (2 Ent	on,	MA	9805	5		
Ťv	Map	1801 Lind QUE SW				5W	RE	ntan	, W)A	98055	5		
5V.,	Phil	1801 Lind Clue				SW Renton, WA 980						5		
	8. Nam	ne and Address of Current	nt				Name and Address of New Registered Agent							
	`					~Name								g
C ^T T C 1200	Street Address (F			ss (P.0	P.O. Box Number is Not Acceptable)						4 : 32E040 (8			
PLAN		Suite, Apt. #,	Etc.		-03/20/010103 -03/20/010103 **** ³⁰⁰ s@ _{1z#} *			1053	003					
				2							FL	L.,p 000		
10. I, being	appointed th	e registered agent of the ab	ove named comp	ration affi	amiliar wit	h and accept th	re obl	igations of Secti	ion 607.05	05, F.S.				
Signature of Registered		An t	EGISTERED AG	EXT MUST	SIGN		آر بر		Dațe					-
this rein	statement ap the corporat	officer or director or the rece plication, the reason for diss tion have been paid and the true and accurate, and my s	iver or trustee en olution has been names of individ	npowered to eliminated, luals listed o	execute t	rate name satis n do not qualify	fies the for a	ne requirements n exemption und	of section	607.0401 o	г 617.040)1, F.S.,	that all fees	ed
SIGNAT		SISI WI	INTED NAME OF	SIGNING OFF	CER OR D	EE D			Date	. ,	Đavi	time Phon	ne #	