

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 MAY -3 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L00000013437

1. Limited Liability Company's Name

GAMATIC LLC

2. Principal Office Address

8875 Hidden River Parkway Suite 300

3. Mailing Office Address

18805 Duquesne Drive

Suite, Apt. #, etc.

Attn: Mark Hankins

Suite, Apt. #, etc.

Attn: Mark Hankins

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33637

Country

USA

Zip

33647

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

11/02/2000

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Florida Incorporators, Inc

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

8875 Hidden River Parkway

Suite, Apt. #, Etc.

Suite 300

City

Tampa

State
FL

Zip Code

33637

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****200.00 ****200.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Mark Hankins

Mark Hankins, President

Date **04/15/02**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MILTON PHILBERT	24 MURPHYS LANE	GOODWILL DOMINICA

REINSTATEMENT

01-02
dca

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Milton Philbert

Date **04/15/02**

Daytime Phone # **888-352-2677**

Typed or printed name of signing Managing Member/Manager

MILTON PHILBERT, Manager

CR/5041 (9/01)