

FILED

02 MAY -3 AM 11:04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L00000013437

1. Limited Liability Company's Name

GAMATIC LLC

2. Principal Office Address

8875 Hidden River Parkway Suite 300

Suite, Apt. #, etc.

Attn: Mark Hankins

City & State

Tampa, FL

Zip

33637

Country

USA

3. Mailing Office Address

18805 Duquesne Drive

Suite, Apt. #, etc.

Attn: Mark Hankins

City & State

Tampa, FL

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

X 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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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

[Signature]

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 01-02-02 dec

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

[Signature]

Date 04/15/02

Daytime Phone # 888-352-2677

Typed or printed name of signing Managing Member/Manager

MILTON PHILBERT, Manager

CR2541 (9/01)