

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 16 2002 1:31

DOCUMENT # L02000019955

1. Limited Liability Company's Name

Specialized Games, LLC

REINSTATEMENT

2007

800009223388
12/16/02--01028--001 **50.00

800009223388
11/26/02--01051--001 **100.00

2. Principal Office Address

4130 22nd N.E. Ave.

Suite, Apt. #, etc.

City & State

Lighthouse Point

Zip*

33064

Country

3. Mailing Office Address

2637 E. Atlantic Blvd.

Suite, Apt. #, etc.

PMB 158

City & State

Pompano Beach

Zip

33062-4939

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

August 6, 2002

6. FEI Number

04-3706862

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

Kevin W. Branch

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

4130 22nd N.E. Ave.

Suite, Apt. #, Etc.

City

Lighthouse Point

State

FL

Zip Code

33064

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

Kevin W. Branch

REGISTERED AGENT MUST SIGN

Date 11-22-02

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 |
|---------|--------------------------------------|---|--------------------|
| Manager | Coastal Management, Inc., | 390 Huntington Road | Gaffney, SC 29341 |
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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

Tim Guthrie

Date 11-22-02

Daytime Phone # 864-490-4320

Typed or printed name of signing Managing Member/Manager

Tim Guthrie, Pres. of Corporate Manager

CR2E041 (9/01)