

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000049159

1. Entity Name
GAME CRAFT, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -7 AM 10:15

Principal Place of Business
1217 AQUILA LOOP
CELEBRATION, FL 34747

Mailing Address
~~PO BOX 478338~~
CELEBRATION, FL 34747



2. Principal Place of Business - No P.O. Box #
1217 Aquila Loop
Suite, Apt. #, etc.

3. Mailing Address
1217 Aquila Loop
Suite, Apt. #, etc.

02022007 REIN-LLC CR2E101 (1/07)

City & State
Celebration FL
Zip
34747
Country
US

City & State
Celebration, FL
Zip
34747
Country
US

4. FEI Number
51-0496445
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SWEENEY, MARK
1217 AQUILA LOOP
CELEBRATION, FL 34747

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] MGRM DATE 2-1-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SWEENEY, MARK
1217 AQUILA LOOP
CELEBRATION, FL 34747 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition
REINSTATEMENT 06-07

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-1-2007 407.56.8650
Date Daytime Phone #