

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 30 AM 9:10

DOCUMENT # L04000083342

1. Limited Liability Company's Name

Golden Games, LLC

200097212252
02/05/07--01004--035 **250.00

CR2E041 (8/05)

2. Principal Office Address

675 13th Street SW

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34117

Country

USA

3. Mailing Office Address

6017 Pine Ridge RD

Suite, Apt. #, etc.

71

City & State

Naples, FL

Zip

34119

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

11/12/2004

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

Jason Hartgrave

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

675 13th Street SW

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34117

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

REGISTERED AGENT MUST SIGN

Date

1/16/07

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	Jason Hartgrave	675 13 Street SW	Naples, FL 34117

REINSTATEMENT 05-07

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

Date

1/16/07

Daytime Phone # (239) 250-1048

Typed or printed name of signing Managing Member/Manager

JASON Hartgrave