

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 APR -6 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

GAMEBREAKERS, LLC

900174522869  
04/05/10--01059--014 \*\*516.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 19315 NW 19th Court		3. Mailing Office Address 19315 NW 19th Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33056	Country USA	Zip 33056	Country USA

4. State/Country of Formation FLORIDA / U.S.A.	
5. Date Organized or Qualified To Do Business in Florida 6-18-2005	
6. FEI Number 593813862	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name DEREK OLIVIER			
Street Address (P.O. Box Number is Not Acceptable) 19315 NW 19th Court			
Suite, Apt. #, Etc.			
City Miami	State FL	Zip Code 33056	

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Date 3-31-2010

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
MGRM	DEREK OLIVIER	19315 NW 19th Court	Miami, FL 33056
MGR	Dexter OLIVIER	19315 NW 19th Court	Miami, FL 33056
MGR	Brenda OLIVIER	19315 NW 19th Court	Miami, FL 33056
MGR	Dionne OLIVIER	19315 NW 19th Court	Miami, FL 33056
MGR	Deidre OLIVIER	19315 NW 19th Court	Miami, FL 33056

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11. E-mail Address: dolivier@gamebreakerevents.com

(To be used for future annual report notifications)

12. 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 3-31-2010

Daytime Phone # 786-303-4232

Typed or printed name of signing Managing Member/Manager