

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 24 PM 12:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

700147538457
03/26/09--01015--008 **521.25

CR2E041 (10/08)

DOCUMENT # 06000059431

1. Limited Liability Company's Name

A-Game, LLC

2. Principal Office Address - No P.O. Box #

100 W. Grant Street

Suite, Apt. #, etc.

#2032

City & State

Orlando, FL

Zip

32806

Country

United States

3. Mailing Office Address

100 W. Grant Street

Suite, Apt. #, etc.

#2032

City & State

Orlando, FL

Zip

32806

Country

United States

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

March 18, 2009

6. FEI Number

20-5019377

☐ 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

Therese H MacKinnon

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

100 W. Grant Street

Suite, Apt. #, Etc.

#2032

City

Orlando, FL

State

FL

Zip Code

32806

☒ 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 **April 22, 2009**

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	Therese H MacKinnon	100 W. Grant Street #2032	Orlando, FL 32806

REINSTATEMENT 0709

DBruce

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 **April 22, 2009**

Daytime Phone # **407-625-5579**

Typed or printed name of signing Managing Member/Manager **Therese H MacKinnon**