

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 DEC 19 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000105031

1. Limited Liability Company's Name

Games One, LLC

2. Principal Office Address - No P.O. Box #
7600.w 20 ave

Suite, Apt. #, etc.
220

City & State
hialeah, fl

Zip Country
33016 usa

3. Mailing Office Address
7600 w 20 ave

Suite, Apt. #, etc.
220

City & State
hialeah, fl

Zip Country
33016 usa

4. State/Country of Formation
FL/ usa

5. Date Organized or Qualified
To Do Business in Florida 10/27/2009

6. FEI Number 27124022
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
Ceasar Mestre

Street Address (P.O. Box Number is Not Acceptable)
7600 w 20 ave

Suite, Apt. #, Etc.
220

City State Zip Code
hialeah FL 33016

E-mail Address:

900215336009
12/19/11--01029--026 **377.50
npgroups@hotmial.com
(To be used for future annual report notices)

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

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	Awad, munir	7600 w 20 ave 220	Hialeah, fl. 33016
mgrm	Awad, Mohammad	7600 w 20 ave 220	Hialeah, fl. 33016
mgrm	Awad, Adel	7600 w 20 ave 220	Hialeah, Fl. 33016

J. SAULSBERRY
EXAMINER

DEC 21 2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Munir Awad

Date

12/15/11

Daytime Phone #

305-470 2020

Typed or printed name of signing Managing Member/Manager