PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 AUG 28 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (1/14)

DOCUMENT # L11000072393

1. Limited Liability Company's Name
Lightning Games LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2118 SW 23rd Ct	2118 SW 23rd Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, FL	City & State: Cape Coral, FL
Zip: 33991 Country: USA	Zip: 33991 Country: USA

4. State/Country of Formation: N/A

6. Date Organized or Qualified To Do Business in Florida: 6/22/11

6. FEI Number: 452598030 ☐ 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: United States Corporation Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable): 13302 Winding Oak Court
Suite, Apt. #, Etc.: A
City: Tampa State: FL Zip Code: 33612

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 8/25/14
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Trevor Mackellar	2118 SW 23rd Ct	Cape Coral, FL 33991
MGR	Robert Preston	4718 SW 12th pl #205	Cape Coral, FL 33914

SEP - 5 2014
L. SELLERS

REINSTATEMENT 2013-2014

11. E-mail Address: trevor.allscrap@yahoo.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 8/19/14 Daytime Phone #: (239) 878-1988

Typed or printed name of signing Authorized Representative/Manager: Trevor Mackellar