Division of Corporations

L94000000501

Florida Department of State

Division of Corporations

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Fax Number : (850)205-0383

From:

Account Name : ALAN D. STUPARITZ, P.A.
Account Number : 076533001315
Phone : (954)783-5030
Fax Number : (954)783-2578

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LIMITED LIABILITY REINSTATEMENT

GAMES INTERNATIONAL, L.C.

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L94000000501

1. Limited Liability Company's Name
GAMES INTERNATIONAL, L.C.

2. Principal Office Address	3. Mailing Office Address
900 E. ATLANTIC BLVD	900 E. ATLANTIC BLVD
Suite, Apt. #, etc.: STE 17	Suite, Apt. #, etc.: STE 17
City & State: POMPANO BEACH FL	City & State: POMPANO BEACH FL
Zip: 33060 Country: BROWARD	Zip: 33060 Country: BROWARD

4. State/Country of Formation: FL / BROWARD
5. Date Organized or Qualified To Do Business in Florida: 9-26-1994
6. FEI Number: 65-0523144 (Applied For / Not Applicable)
7. CERTIFICATE OF STATUS DESIRED ☐ (Certificate of Status)

8. Name and Address of Current Registered Agent

Name: ALAN D. STUPARITZ
Street Address (P.O. Box Number is Not Acceptable): 900 E. ATLANTIC BLVD
Suite, Apt. #, Etc.: STE 17
City: POMPANO BEACH
State: FL Zip Code: 33060

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: 11-20-01
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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	ARCADIY SURENYAN	2260-A SE 17TH ST	FT LAUD, FL 33322
MGRM	VLADIMIR V. ZAKHAVOV	2260-A SE 17TH ST	FT LAUD, FL 33322
MGRM	ALEXANDER D. SOUKHANOV	2260-A SE 17TH ST	FT LAUD, FL 33322

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: 11-20-01 Daytime Phone #: 954-783-5030

Typed or printed name of managing member/manager: ARCADIY SURENYAN

ALAN B. STUPARITZ, P.A.
ALANS ACCOUNTING & TAX SERVICE
900 E. ATLANTIC BLVD, STE 17
POMPANO BEACH, FLORIDA 33060
954-783-5030

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