2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
04 OCT 29 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10272004 REIN-LLC CR2E101 (6/04)

DOCUMENT # M03000003098

1. Entity Name
POINT GAME SPORTS AND ENTERTAINMENT LLC

Principal Place of Business	Mailing Address
403 MALLARD ROAD WESTON, FL 33327	403 MALLARD ROAD WESTON, FL 33327

2. Principal Place of Business		3. Mailing Address	
3111 N. University Drive		3111 N. University Drive	
Suite, Apt. #, etc.: Ste 710		Suite, Apt. #, etc.: Ste 710	
City & State: Coral Springs, FL		City & State: Coral Springs, FL	
Zip: 33065	Country: USA	Zip: 33065	Country: USA

4. FEI Number: 04-3768846 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00 ~~After January 1, 2005, Fee will be $100.00~~	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
MGRM	BERMUDEZ, JUAN A	403 MALLARD ROAD	WESTON, FL 33327	☑ Delete
MGRM	ISENMAN, MARK K	403 MALLARD ROAD	WESTON, FL 33327	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #