

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 23 PM 2:03

DOCUMENT # M05000004599

1. Limited Liability Company's Name

Dodge City Games, LLC

800133140509
07/18/08--01036--005 **211.25

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 1423 Tanglewood Drive Suite, Apt. #, etc. City & State Manning, SC Zip 29102 Country USA		3. Mailing Office Address 1423 Tanglewood Drive Suite, Apt. #, etc. City & State Manning, SC Zip 29102 Country USA	
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4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida August 17, 2005	
6. FEI Number 20-0162450	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Kelly B. Mathis, Esquire			
Street Address (P.O. Box Number is Not Acceptable) 50 North Laura Street			
Suite, Apt. #, Etc. Suite 1700			
City Jacksonville	State FL	Zip Code 32202	

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date

6/24/08

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	Marion Eadon, Jr.	1423 Tanglewood Drive	Manning, SC 29102
MGR	Michael Ryles	1355 Clearview Drive	Manning, SC 29102

05/23/08 - 01036-005 - \$205.00

REINSTATEMENT 2006-08

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

[Signature]

Date

6-25-08

Daytime Phone #

904 982-2646

Typed or printed name of signing Managing Member/Manager