


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 JUL 22 PM 9:33

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M11000002847 1. Limited Liability Company's Name Game Seven Marketing & Productions, LLC					
2. Principal Office Address - No P.O. Box # 68 Jay Street Suite, Apt #, etc. Suite 615 City & State Brooklyn, NY Zip Country 11201 US		3. Mailing Office Address 68 Jay Street Suite, Apt #, etc. Suite 615 City & State Brooklyn, NY Zip Country 11201 US		4. State/Country of Formation NY 5. Date Organized or Qualified To Do Business in Florida 6/3/2011 6. FEI Number 27-3395536 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
8. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 Hays Street Apt #, Etc City State Zip Code Tallahassee FL 32301				500288226263	
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 <u>M. Zender</u> Melissa Zender Date <u>7/21/16</u> REGISTERED AGENT MUST SIGN Asst. Vice President					
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		
CEO	Justin Leonard	68 Jay Street, Suite 615	Brooklyn, NY 11201		
Pres.	Matthew Leonard	68 Jay Street, Suite 615	Brooklyn, NY 11201		
CFO	Douglas DiStefano	68 Jay Street, Suite 615	Brooklyn, NY 11201		
11. E-mail Address: <u>doug@gamesevenmktg.com</u> <small>(To be used for future annual report notifications)</small>					
12. I certify that I am an authorized representative/ manager or 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.					
Signature of authorized representative/member <u>D. DiStefano</u> Date <u>7/20/16</u> Daytime Phone # <u>646-571-1802</u> Typed or printed name of signing authorized representative/member <u>Douglas DiStefano</u> JUL 22 2015					

M. WILLIAMS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 224777 7910355
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 793.75

ORDER DATE : July 21, 2016
ORDER TIME : 12:53 PM
ORDER NO. : 224777-005
CUSTOMER NO: 7910355

REINSTATEMENT

NAME: GAME SEVEN MARKETING &
PRODUCTIONS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT. 62956

EXAMINER'S INITIALS _____

16 JUL 21 PM 3:07
RECEIVED
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